

260
51 1001BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1001
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alfred J. Baker		2. DATE OF DEATH Jan. 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1605 Llewellyn Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1605 Llewellyn Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 22, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10B. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 65 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John T. CONST.		14. MOTHER'S MAIDEN NAME Annie Appleby	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Catherine F. Baker		ADDRESS 1605 Llewellyn Ave	

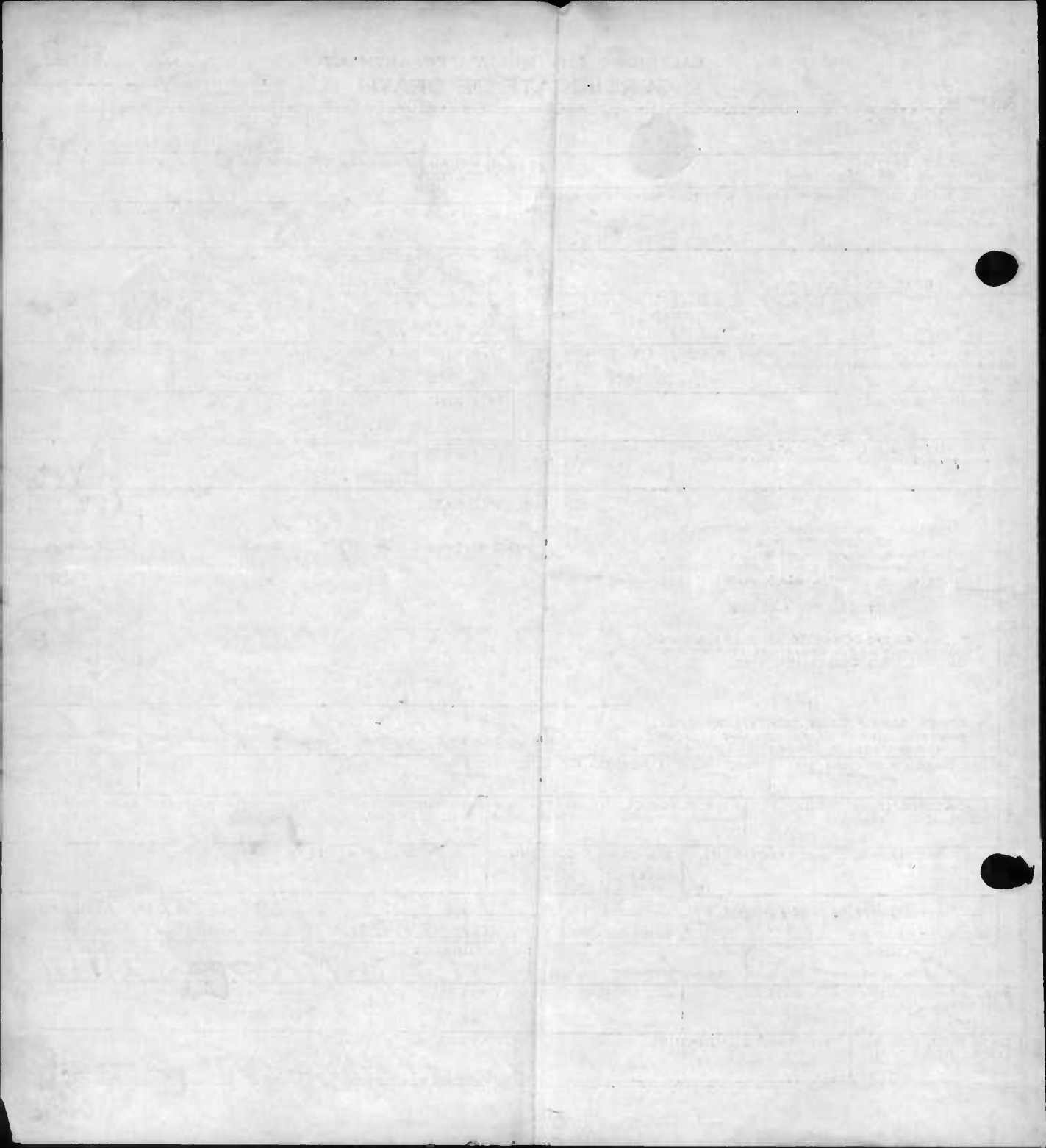
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Carcinoma of lung	INTERVAL BETWEEN ONSET AND DEATH unknown
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO Arteriosclerotic heart disease	unknown

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) F INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/16/1951, to 1/31/1951, that I last saw the deceased alive on 1/30/1951, and that death occurred at 8:05 PM from the causes and on the date stated above.		
23A. SIGNATURE Irene Friedman M. D.	23B. ADDRESS 1737 E. North Ave	23C. DATE SIGNED 2/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/3/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR Claude F. Hoffman	ADDRESS 1639 Broadway

55% 24

47D



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1002

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CIESLAK, MR JOHN

2. DATE
OF
DEATH

FEB 2ND 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

31

D. STREET ADDRESS (If rural, give location)

234 S. Castle St.

5. SEX

M.

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN 4 1904

9. AGE (In years last birthday)

47 YEARS

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PAINTER.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

CIESLAK, MICHAEL

14. MOTHER'S MAIDEN NAME

Mary Lobinski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216/10/4681

17. INFORMANT

Albin Cieslak 234 S. Castle St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

MYOCARDIAL INFARCT

16 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

CORONARY ATHEROMA

YEARS

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 17, 1950, to Feb 2, 1951, that I last saw the deceased alive on Feb 2, 1951, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dorence J. Cieslak, M.D.

23B. ADDRESS

CHURCH HOME & HOSPITAL

23C. DATE SIGNED

FEB 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 5/51

24C. NAME OF CEMETERY OR CREMATORY

2404 Rosary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

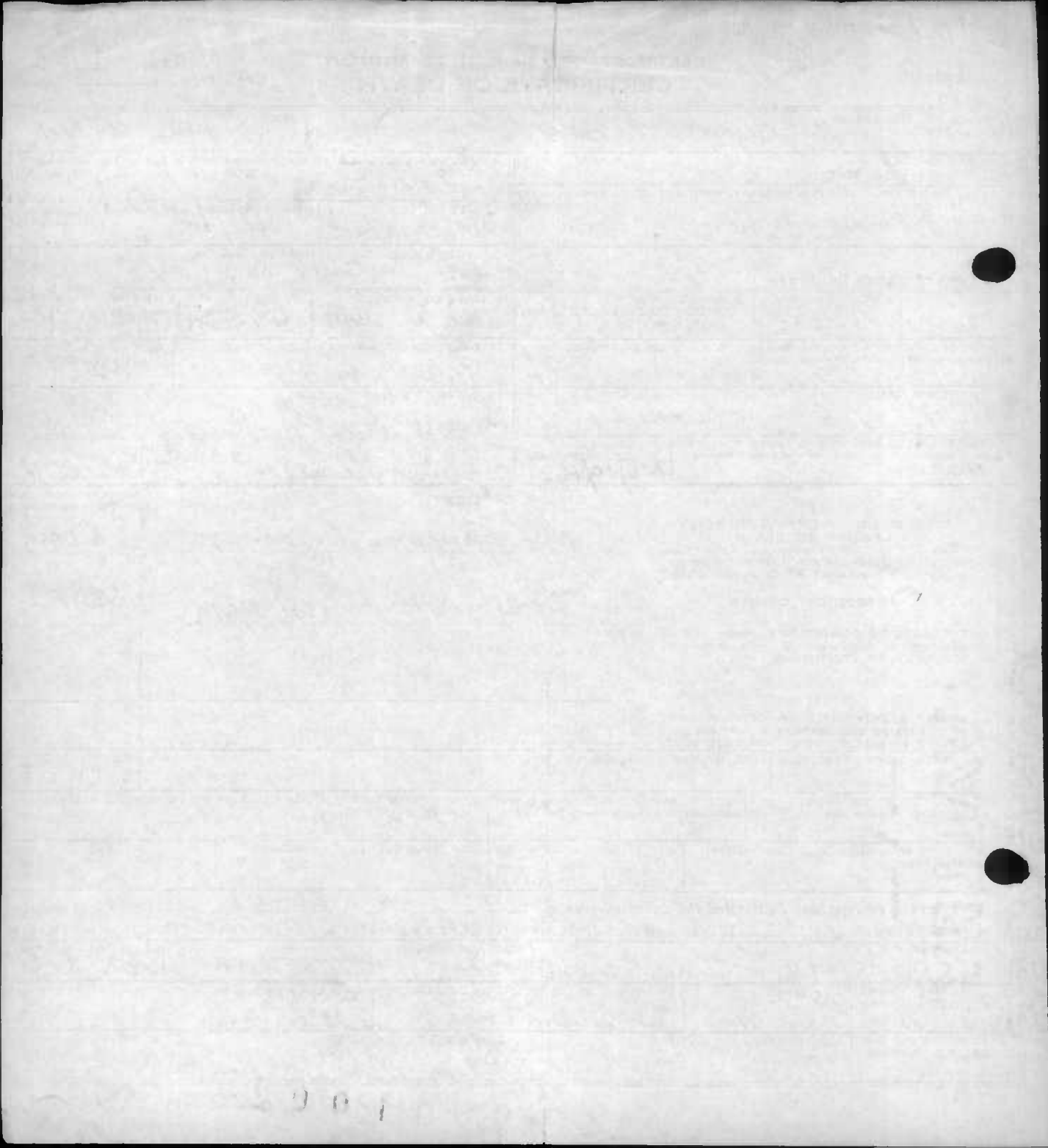
Fred W. Ozazowski

FEB 2 1951

VS 150

564 2150 00 1950 Eastern Ave 94a

correct age is especially important



Cholewicki
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

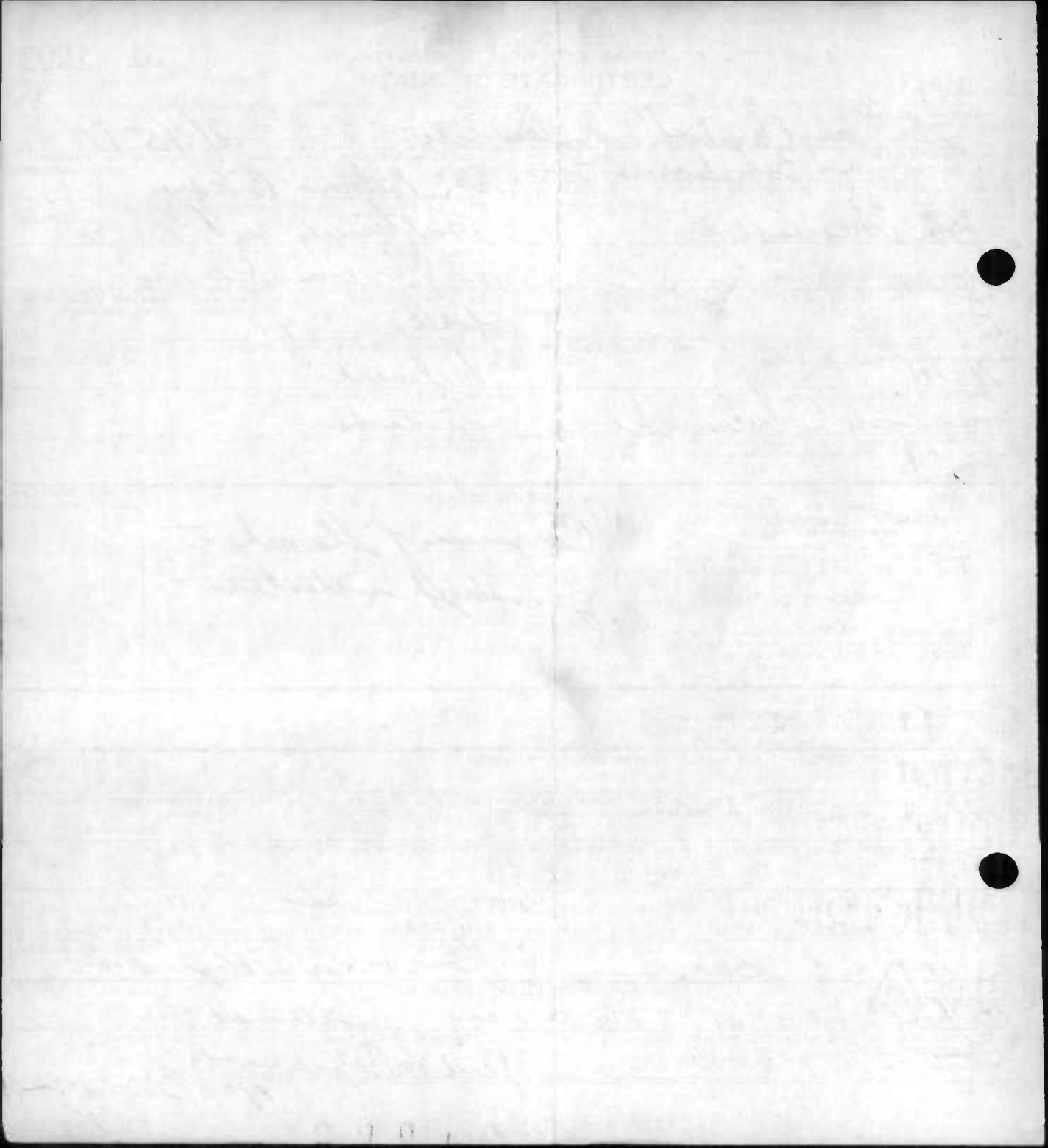
51 1003
Registered No.

BIRTH NO. 420

1. NAME OF DECEASED (Type or Print) <i>Dr. Mary Elizabeth Cholewicki</i>		2. DATE OF DEATH <i>2/15/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bon Secours Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md. 1-05</i>	
D. STREET ADDRESS (If rural, give location) <i>104 S. Pateman Pk Ave</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8/26/09</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NUN</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>41</i>
11. BIRTHPLACE (State or foreign country) <i>Delaware</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph Cholewicki</i>		14. MOTHER'S MAIDEN NAME <i>Victoria</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

<p>18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p style="text-align: center;">CAUSE OF DEATH</p> <p>(A) <i>Carcinoma of stomach c</i> DUE TO</p> <p>(B) <i>generalized metastases</i> DUE TO</p> <p>(C) _____</p> <p style="text-align: center;">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p style="text-align: center;">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <i>1-31-51</i>, 19<i>51</i>, to <i>2-1-</i>, 19<i>51</i>, that I last saw the deceased alive on <i>1-31</i>, 19<i>51</i>, and that death occurred at <i>6:35A</i> m., from the causes and on the date stated above.</p>					
23A. SIGNATURE <i>John J. Sarno</i> M. D.		23B. ADDRESS <i>Bon Secours Hosp</i>		23C. DATE SIGNED <i>2-1-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 4/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Fred W. Ozauski</i>		24F. ADDRESS <i>1930 Eastern Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 2 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		25. ADDRESS	



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy "Fullerton"

2. DATE
OF
DEATH

January 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

January 16, 1951

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Fullerton

14. MOTHER'S MAIDEN NAME

Carlean Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from January 16, 1951, to January 16, 1951, that I last saw the
deceased alive on Jan. 16, 1951, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George W. Corner, Jr. M. D.

601 N. Broadway

1-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Hospital Disposed

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 2 1951

Wilmington Williams

VS 150

159

MEDICAL CERTIFICATION

correct age is necessary

63

51

1004

(343589)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1004

51-01538

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Date of registration	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1005

51 1005

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred W. Bull

2. DATE
OF
DEATH

2-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2800 Strathmore Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 20-1872

9. AGE (in years last birthday)

79

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Samuel Bull

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Selma Lilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Edith M. Bull, 2800 Strathmore Ave

18. 331X I

CAUSE OF DEATH Estelle

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-Vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1951, to 2-1, 1951, that I last saw the deceased alive on 2-1, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. J. O'Hara

M. D.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

2-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/5/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 2 1951

REGISTRAR'S SIGNATURE

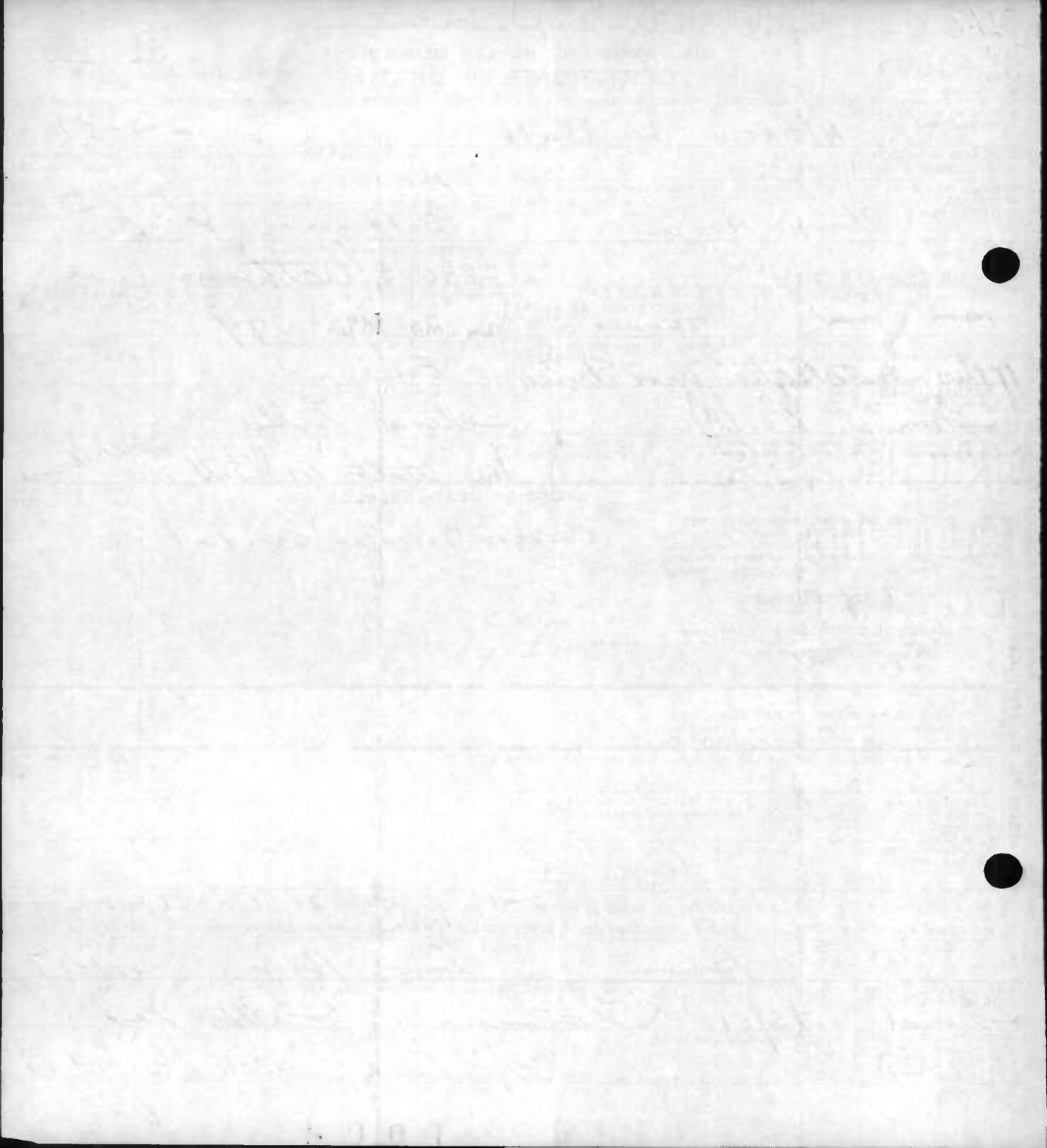
William J. Williams

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Hayford Rd



51 1006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1006
Registered No.

BIRTH NO.

(555118)

81-61547

1. NAME OF DECEASED (Type or Print) Baby Parsons "Rita"			2. DATE OF DEATH January 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-33		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2627 Puget Street		
5. SEX Female	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH January 18, 1951		9. AGE (In years last birthday) 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard Parsons			14. MOTHER'S MAIDEN NAME Rita Dyson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

18. 776X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Prematurity

(A) DUE TO

Premature Labor

(B) DUE TO

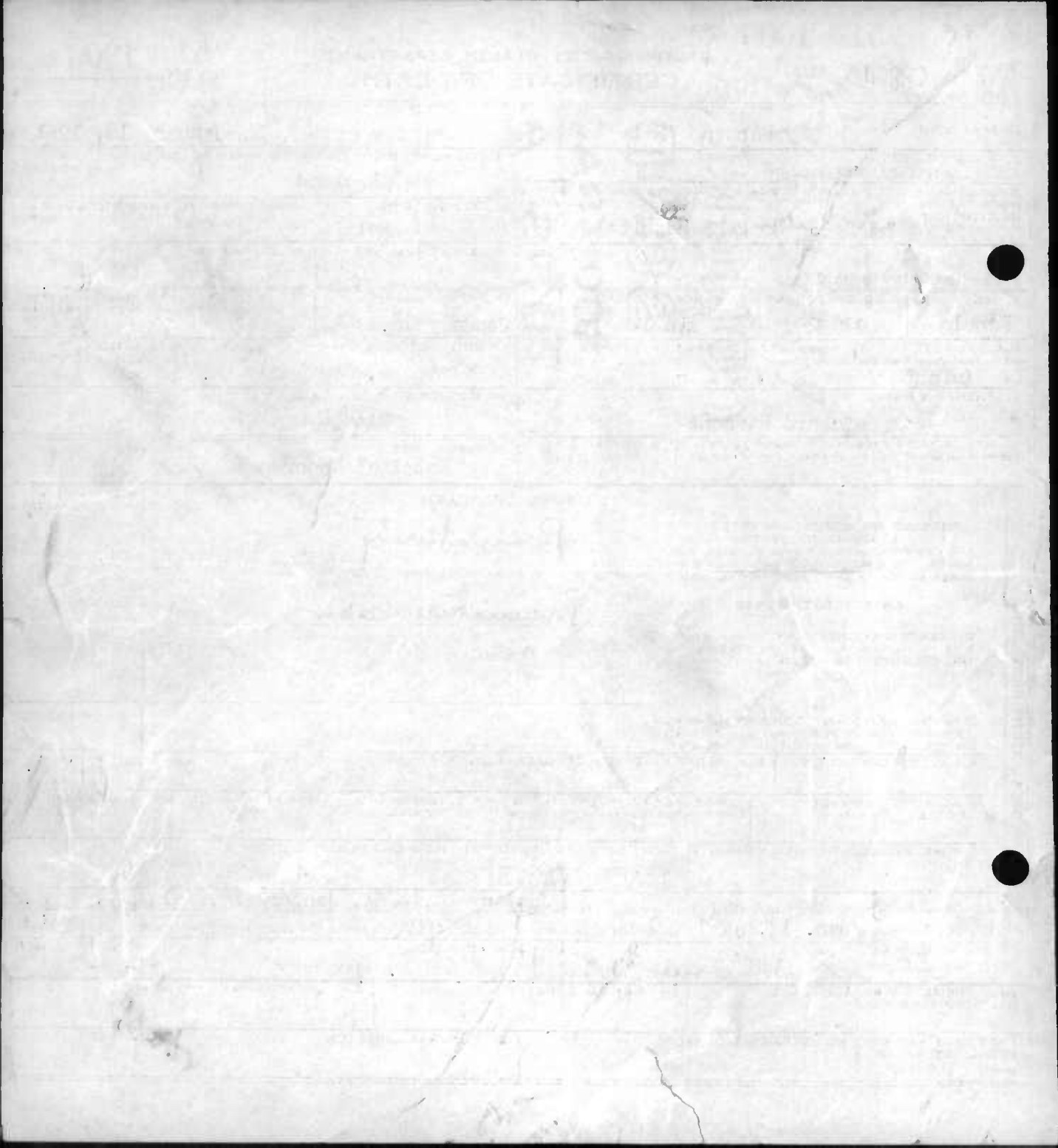
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 18, 1951, to January 18, 1951, that I last saw the deceased alive on Jan. 18, 1951, and that death occurred at 5:00A m., from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner, Jr. M. O.		23B. ADDRESS 601 N. Broadway		23C. DATE SIGNED 1-23-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hospital Disposal	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951		24F. REGISTRAR'S SIGNATURE Huntington	
24G. FUNERAL DIRECTOR		24H. ADDRESS		24I. VS 150	

159

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please print name and address.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1007
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Field

2. DATE
OF
DEATH

Feb. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

*Baptist Home
1615 Park Avenue*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *none*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2445 Edmondson Ave.

5. SEX
female

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH
1/24/51 77

9. AGE (in years last birthday)
74

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Port Royal, Va.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Daniel Atwell

14. MOTHER'S MAIDEN NAME

Helen E. Fairhault

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records, Baptist Home

1615 Park Avenue

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vascular disease

?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Dec. 1, 1950* to *Feb. 1, 1951*, that I last saw the deceased alive on *Jan. 31, 1951*, and that death occurred at *7:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

C. Allan Spier

M. D.

1134 E. Belvedere Ave

1 Feb 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/3/51

Druid Ridge

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR
FEB 2 1951

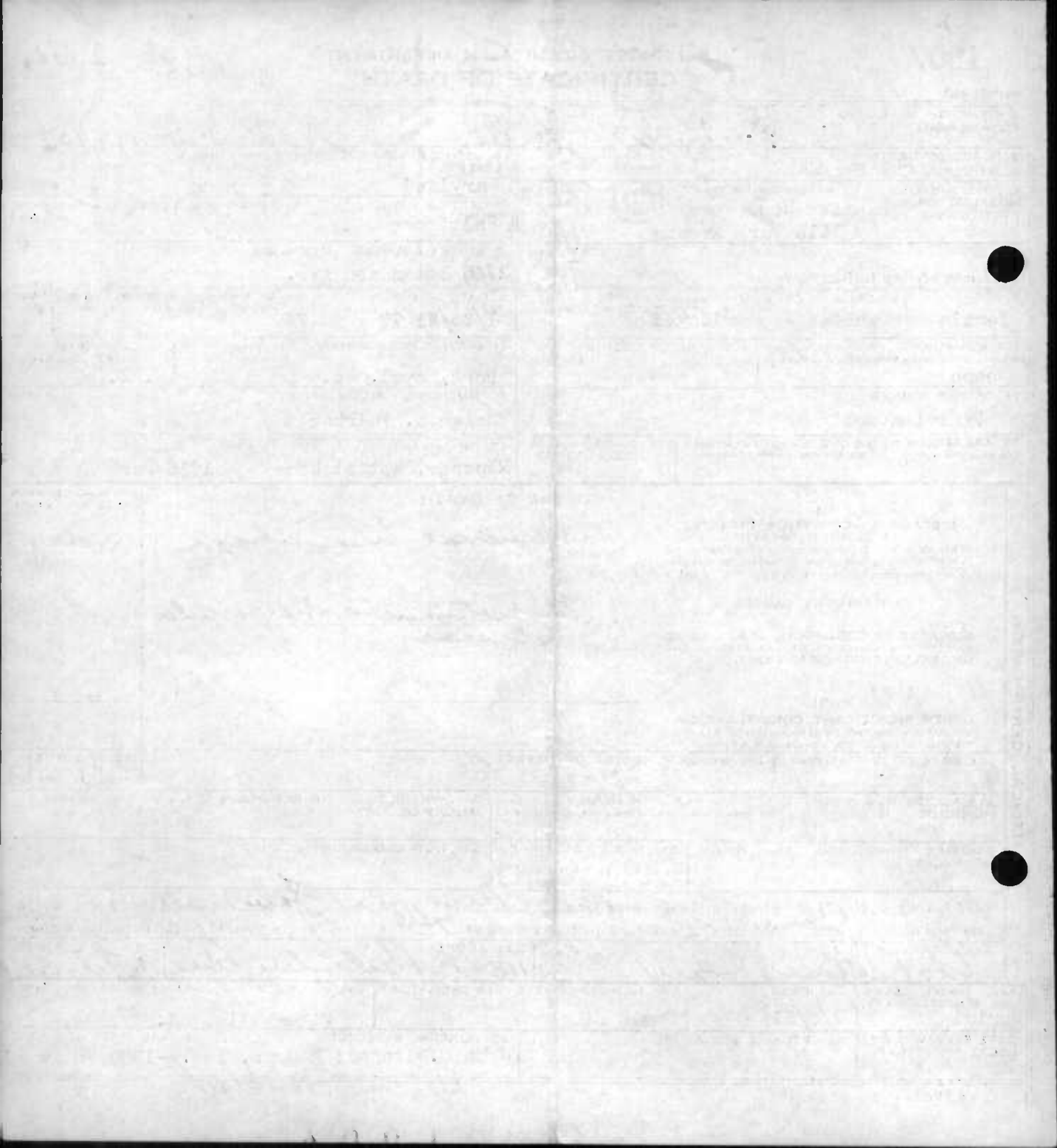
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. -1900 Eutaw Pl

Wakton B. Mitchell



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1008

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vittor Joseph Mallet

2. DATE
OF
DEATH

Jan/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2809 N Howard

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-06

Length of stay in Baltimore

35 yr

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2809 N Howard St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July-5-1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

- - -

If Under 24 Hours
Hours: Min.

- - -

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Auto Supplies

11. BIRTHPLACE (State or foreign country)

Trocy - N. Y.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Dr. Cirila Mallet

14. MOTHER'S MAIDEN NAME

Jennie Goyette

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

16. SOCIAL
SECURITY NO.

W. W. I

215-10-5664

17. INFORMANT

Mrs. Helen Mallet - (wife)

ADDRESS

2809 N Howard

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

1/2 hour

DUE TO Arterio Sclerosis

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular

Unknown

DUE TO disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

3 1/2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 5, 1947, to Jan. 31, 1951, that I last saw the
deceased alive on Jan. 31, 1951, and that death occurred at 7:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph Artigiani

M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

2/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 3/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 2 1951

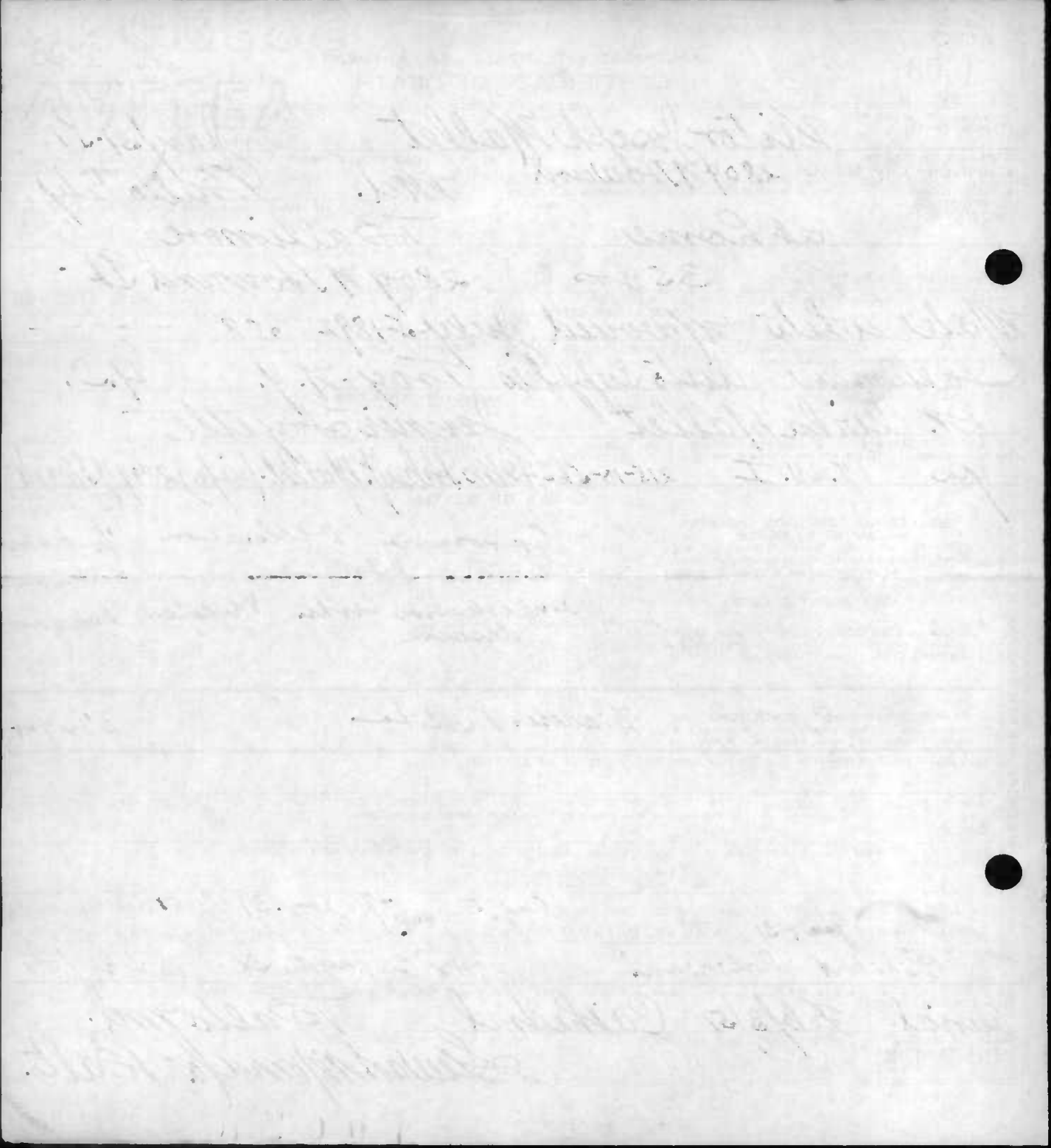
REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Seward Morris - Balt.

ADDRESS



6531 1009

51 1009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JAMES EDWARD GRANT			2. DATE OF DEATH January 31, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 698 Pierce Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1/23/27	9. AGE (in years last birthday) 24	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Rubber Tree Factory	11. BIRTHPLACE (State or foreign country) Rocky Mountain, N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jemmins Grant			14. MOTHER'S MAIDEN NAME Lucy Duggans		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Lucy Grant 698 Pierce St.		

18. E 916.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) First, second, and third degree burns of 50% of body	INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Industrial place		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Holtite Manufacturing Co. Warner & Ostend Streets	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 24, 1951 11:00 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Burned in an explosion	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Smith	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 1, 1951
---	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 2-2-1951	24C. NAME OF CEMETERY OR CREMATORY Rocky Mount N.C.	24D. LOCATION (City, town, or county) (State) Rocky Mount N.C.
DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951	REGISTRAR'S SIGNATURE William H. Smith	25. FUNERAL DIRECTOR Mrs. Kate R. Williams	ADDRESS 3224

V S 151 **N-749.2 97040 01008 181**

correct age is especially important

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ROBERT HAGANS		2. DATE OF DEATH January 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 705 Sterling Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 12, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Cottman, Canton	9. AGE (In years last birthday) 61
13. FATHER'S NAME William Henry Hagans		11. BIRTHPLACE (State or foreign country) Goldsboro, N.C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Elizabeth Hagans	
17. INFORMANT Elizabeth Hagans, 705 Sterling St.		ADDRESS _____	

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic bronchitis (B) _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Lovitt</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Jan. 30, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-2-1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) Balto.		24E. STATE Md.		25. FUNERAL DIRECTOR Mr. Katie R. Williams	
DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951		REGISTRAR'S SIGNATURE <i>William V. Lovitt</i>		ADDRESS 322 N Schroeder St	

correct age is especially important. Physicians: please write MEDICAL CERTIFICATION

#622
51 1011

BURGES

51 1011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Annise Burges</i>	
2. DATE OF DEATH <i>Jan 31, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>16-03</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>San Wil Bar 2101 Coldspiring Ln Balto</i>	
6. STREET ADDRESS (If rural, give location) <i>1702 Dittman Ct</i>	
7. SEX <i>7</i> 8. COLOR OR RACE <i>C</i> 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	
10. DATE OF BIRTH <i>Dec 2, 1884</i> 11. AGE (In years last birthday) <i>66</i>	
12. BIRTHPLACE (State or foreign country) <i>md</i> 13. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
14. FATHER'S NAME <i>Richard Simms</i> 15. MOTHER'S MAIDEN NAME <i>Mary Simms</i>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT <i>Annabell Ross 1702 Dittman Ct</i>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>arteriosclerotic heart disease</i>	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
22. DATE OF OPERATION <i>0</i> 23. MAJOR FINDINGS OF OPERATION	
24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY	
29. INJURY OCCURRED	
30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <i>June 1949</i> , to <i>Jan 1951</i> , that I last saw the deceased alive on <i>Jan 31, 1951</i> , and that death occurred at <i>7:34 a.m.</i> , from the causes and on the date stated above.	
32. SIGNATURE <i>J. C. Carr M.D.</i> 33. ADDRESS <i>1427 Madison Ave</i> 34. DATE SIGNED <i>2.2.51</i>	
35. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> 36. DATE <i>2/3/51</i> 37. NAME OF CEMETERY OR CREMATORY <i>not Aubrey</i> 38. LOCATION (City, town, or county) (State) <i>md</i>	
39. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 2 1951</i> 40. REGISTRAR'S SIGNATURE <i>William Williams</i> 41. FUNERAL DIRECTOR <i>Geo. S. Kelton</i> 42. ADDRESS <i>1313 Pruitman St</i>	

7208A 001010 93D

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

RECEIVED

RECEIVED
COMMUNICATIONS
SECTION
JAN 12 1954

525
51 1012BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1012
Registered No.

1. NAME OF DECEASED (Type or Print) Elizabeth V. Pensmith			2. DATE OF DEATH Jan. 31, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2303 Allendale Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2510 E. Biddle St					
5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH Jan. 18, 1869		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY? U S.A.		
13. FATHER'S NAME Patrick H. Farrell			14. MOTHER'S MAIDEN NAME Anna R. Flemin g		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) no no			16. SOCIAL SECURITY NO. none		
			17. INFORMANT 2303 Allendale Road Mrs. Conrad Zieget		

MEDICAL CERTIFICATION	18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		(A) Acute Pulmonary Edema	1 day	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive - Cardio Vascular Disease	4 yrs	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1944, 19 to Jan. 31, 1951, that I last saw the deceased alive on Jan. 30, 1951 and that death occurred at 3 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Homer C. Todd		23B. ADDRESS 2108 St Paul St		23C. DATE SIGNED 2/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 3, 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathdal	
DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Henry Sander & Sons Inc. Baltimore	

B-260 51 1013

Baker

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1013
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Baker

2. DATE
OF
DEATH

1/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Balto. 16-04

D. STREET ADDRESS (If rural, give location)

638 W. Fullon Ave

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Jan. 2, 1887

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hotel

10B. KIND OF BUSINESS OR
INDUSTRY

Waiter

11. BIRTHPLACE (State or foreign country)

Newton Co. Ga.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Baker

14. MOTHER'S MAIDEN NAME

Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.17. ~~DECEASED~~ ADDRESS
627 Avery St. Covington, Ga.

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Rupture of descending aorta
into pericardial sac

DUE TO

3-4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Stanley H. Denbaker M. D.

ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30/51 to 1/30/51, 19, that I last saw the
deceased alive on 1/30/51, 19, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Howard Roakin M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

2/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2 1951

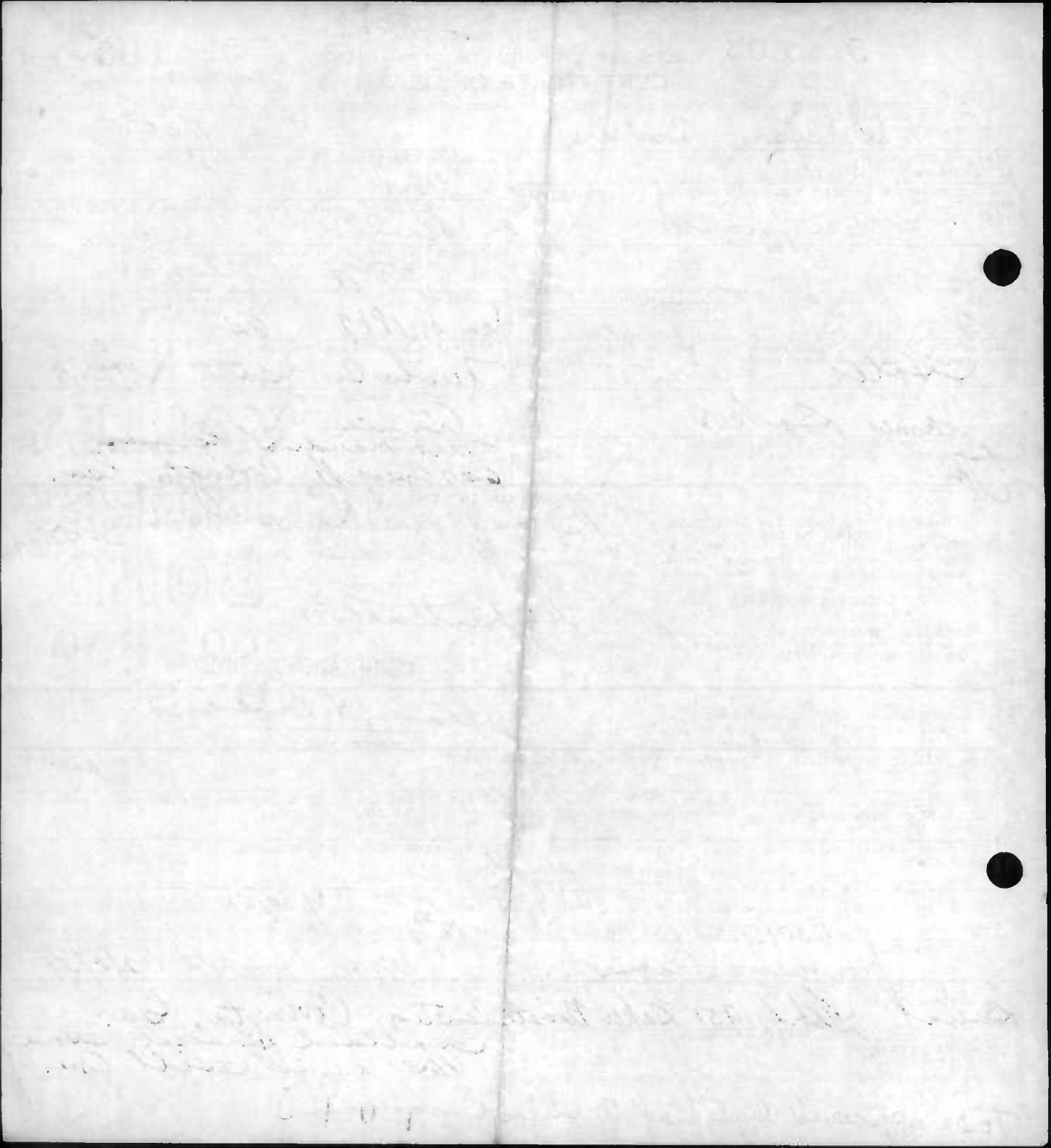
Burial Feb. 4, 1951 Baker Private Cemetery

Covington, Ga.
1631 Arnold Hill One

VS 150

To be approved by Chief Medical Examiner 3
720 813

96



R-516

Renfro

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1014
Registered No.

BIRTH NO. 51 1014

1. NAME OF DECEASED (Type or Print) <i>Henry Renfro</i>		2. DATE OF DEATH <i>1/31/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2101 Calverly Lane</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY <i>Prince George's Maryland</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bar - Wil Ba.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>	
C. Length of stay in Baltimore <i>20</i>		D. STREET ADDRESS (If rural, give location) <i>1622 McCulloh Street</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1892</i>
9. AGE (In years last birthday) <i>59</i>		10. Under 1 Year Months: Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Samville Ga</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>mann Renfro</i>		14. MOTHER'S MAIDEN NAME <i>Gengana</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>William Renfro</i>		ADDRESS <i>1632 Bentley Street</i>	

18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Prostate</i>	CAUSE OF DEATH (A) <i>Carcinoma of Prostate</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Metastasis</i>	(B) <i>Metastasis</i> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION <i>1/30</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/2</i> 19 <i>50</i> to <i>1/31</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/30</i> 19 <i>50</i> , and that death occurred at <i>2:50</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>M. Jackson</i>	23B. ADDRESS <i>600 N. Arlington Ave</i>	23C. DATE SIGNED <i>2/2/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>February 3, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mount Auburn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore City Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 2 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Joseph A. Lively</i>	
		ADDRESS <i>661 W. Bane Street</i>	

754 64 01013

51B

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

K-650

51 1015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1015

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Bertha S. Kearney

2. DATE
OF
DEATH

2/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland St Agnes.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St Agnes Hospital.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland Elkridge

C. CITY OR TOWN

Elkridge

D. STREET ADDRESS (If rural, give location)

Rockhurst Hill Rt #4 Box 106

Length of stay in Baltimore

32 yrs.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

8-10-01

9. AGE (in years
last birthday)

49.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Columbus, Georgia.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

K.V. Ward

14. MOTHER'S MAIDEN NAME

Cordelia Clemens.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

No.

17. INFORMANT

ADDRESS

JOSEPH L. KEARNEY ELK RIDGE, MD

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) PROBABLY CEREBRAL THROMBOSIS
EDEMA BRAIN - SUBARACHNOID EXUDATE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) BILATERAL PULMONARY EDEMA
(C) BILATERAL PLEURAL EFFUSION

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1951, to 2/1, 1951, that I last saw the deceased alive on 2/1, 1951, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph L. Kearney

M. D.

23B. ADDRESS

1326 Sulfur Springs Rd

23C. DATE SIGNED

2/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

VS 150

Joseph J. Ambrose 1326 Sulfur Springs Rd

83B

MEDICAL CERTIFICATION

correct age is especially important

1944
JANUARY
1944

RECEIVED
JULY 11 1964

P-264

CERTIFICATE CORRECTED

2-14-51

BALTIMORE CITY HEALTH DEPARTMENT

51 1017

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Corrine Picarillo

2. DATE
OF
DEATH

Jan 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

422. S. Eden St.

4. USUAL RESIDENCE

Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

422. S. Eden St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE/MARRIED.

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 14, 1876

9. AGE (In years last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Co.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Joseph Picarillo

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no.

16. SOCIAL SECURITY NO.

none.

17. INFORMANT

Constantino

ADDRESS

Constance Picarillo 422 S. Eden St.

18. 331X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

1943

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

General Arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 3:32 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Anthony F. Carozza M.D.

23B. ADDRESS

5217 YORK RD

23C. DATE SIGNED

2-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 2, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Road, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Nedell J. Rippel 312 S. Highland

FEB 2 1951

97051

83a

MEDICAL CERTIFICATION

1

Pinus

1997

1554

520

51 1018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1018

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nannie Thomas Young

2. DATE
OF
DEATH

Jan 30 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

741 George St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

741 George St 70

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Maria Rachel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charlie H. Young 741 George St

18. 4/20/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Crisis
Vascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1951, to 1/30, 1951, that I last saw the
deceased alive on 1/29, 1951, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 2 1951

W. B. Spragg - 139 W. Hanley St.

VS 150

19510201017

93D

MEDICAL CERTIFICATION

correct age is especially important

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1915

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543

51 1019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1019

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		LOUISE REYNOLDS		2. DATE OF DEATH		January 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 603 S. Paca Street				E. LENGTH OF STAY IN BALTIMORE 39 Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 12/1911	9. AGE (In years last birthday) 39	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Dailey				14. MOTHER'S MAIDEN NAME Rachel Clark			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Hilda Brown - 614 S. Paca St			

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subdural hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 603 S. Paca Street	
21D. TIME (Month) (Day) (Year) (Hour) January ? 1951		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Blunt force	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William C. Smith		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED Feb. 1, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-5/1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Wm. Spriggs - 139 N. Ambler St		24F. ADDRESS	

NO. 100-100000

DATE 01-11-2001 BY 60322 UCBAW

NO. 100-100000

DATE 01-11-2001 BY 60322 UCBAW

NO. 100-100000

DATE 01-11-2001 BY 60322 UCBAW

NO. 100-100000

DATE 01-11-2001 BY 60322 UCBAW

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DATE 01-11-2001 BY 60322 UCBAW

NO. 100-100000

DATE 01-11-2001 BY 60322 UCBAW

NO. 100-100000

DATE 01-11-2001 BY 60322 UCBAW

220
ES 11/1955
22095
51 1020BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1020

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander Uszewiec - Losiewca

2. DATE
OF
DEATH

2-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

514 S. Dallas Street

C. Length of stay in Baltimore

40 Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 11, 1891

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing (M)

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Felix Uszewiec

14. MOTHER'S MAIDEN NAME

Agatha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave

18. 007 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1947, to 2-1, 1951 that I last saw the
deceased alive on 2-1, 1951 and that death occurred at 12:30 A., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/3/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

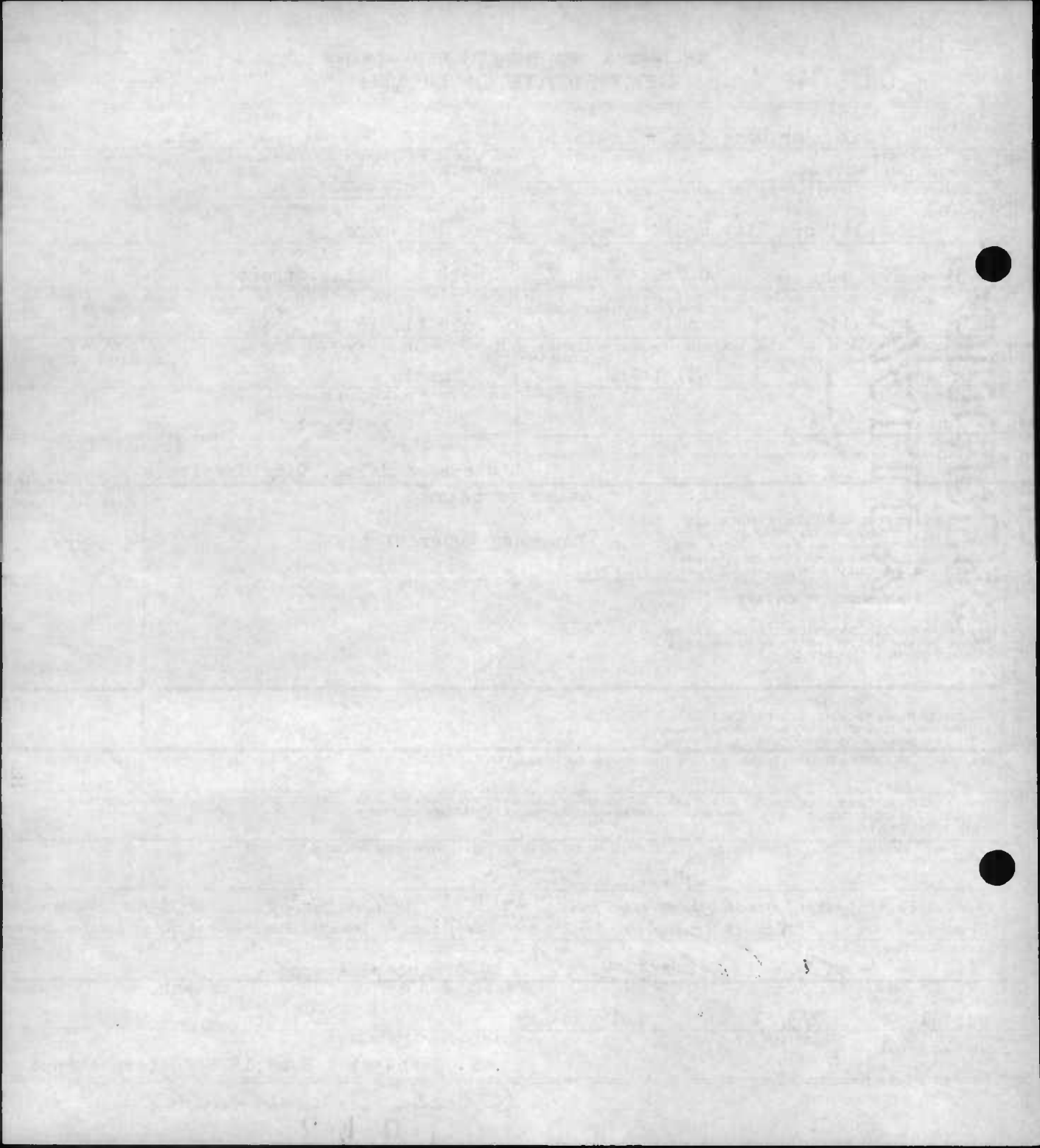
M. F. Sadowski & Sons, 1808 Eastern Avenue

FEB 2 1951

VS 150

690 460

Charles D. Sadowski 13B



4100

ND-145559

BIRTH NO. 1021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1021

1. NAME OF DECEASED (Type or Print)		William A. Webb		2. DATE OF DEATH Feb. 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. Length of stay in Baltimore Life		E. STREET ADDRESS (If rural, give location) 3947 Roland Ave. (11)			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 3, 1919	9. AGE (In years last birthday) 31	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10B. KIND OF BUSINESS OR INDUSTRY Eastern Box Co.		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George H.			
14. MOTHER'S MAIDEN NAME Mary L Carl		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			
16. SOCIAL SECURITY NO. 217-03-2604		17. INFORMANT Baltimore City Hospitals 4940 Eastern Avenue			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH unknown
DUE TO (A) ...		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ...		
DUE TO (C) ...		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

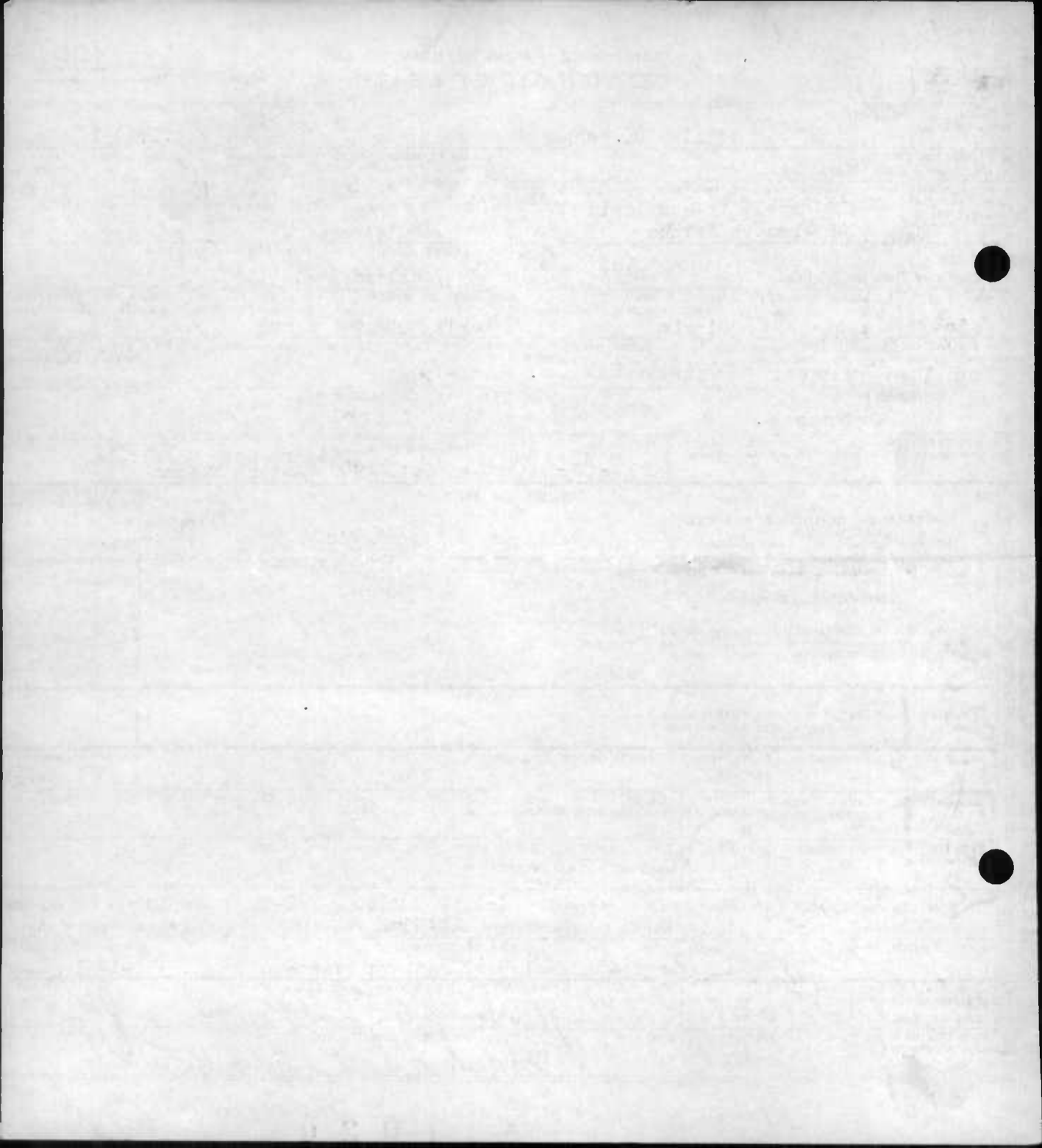
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-1, 1951, to 2-1, 1951 that I last saw the deceased alive on 2-1, 1951, and that death occurred at 12:55pm., from the causes and on the date stated above.				

23A. SIGNATURE D. S. Cloer		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-1-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 5: 1951	24C. NAME OF CEMETERY OR CREMATORY St. Marys Hampden	24D. LOCATION (City, town, or county) Baltimore	(State) Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951	REGISTRAR'S SIGNATURE William A. Webb	25. FUNERAL DIRECTOR Frank H. Seitz 814 436th St		

195698481020

1313

MEDICAL CERTIFICATION



652 51 1022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1022
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence Shepard Harrington

2. DATE
OF
DEATH

Jan. 31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Catonsville

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

652 North Bend Road

5200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 12, 1902

9. AGE (In years last birthday)

48

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Asst. Supervisor

10B. KIND OF BUSINESS OR

INDUSTRY
Con. Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clarence Harrington

14. MOTHER'S MAIDEN NAME

Belle M. Harrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212 05 7001

17. INFORMANT

ADDRESS

Mrs. Mary M. Harrington, 652

18. 420.1

CAUSE OF DEATH North Bend Rd.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardio-Vascular Disease

3 Months

(C) Stanley H. Duncanson
M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/3, 1950, to 1/31, 1951, that I last saw the deceased alive on 1/27, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Eliab W. Johnson

23B. ADDRESS

3432 Indian Ave

23C. DATE SIGNED

2/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 3/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park, Woodlawn, Maryland.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 2 1951

Harrington Williams

25. FUNERAL DIRECTOR

ADDRESS

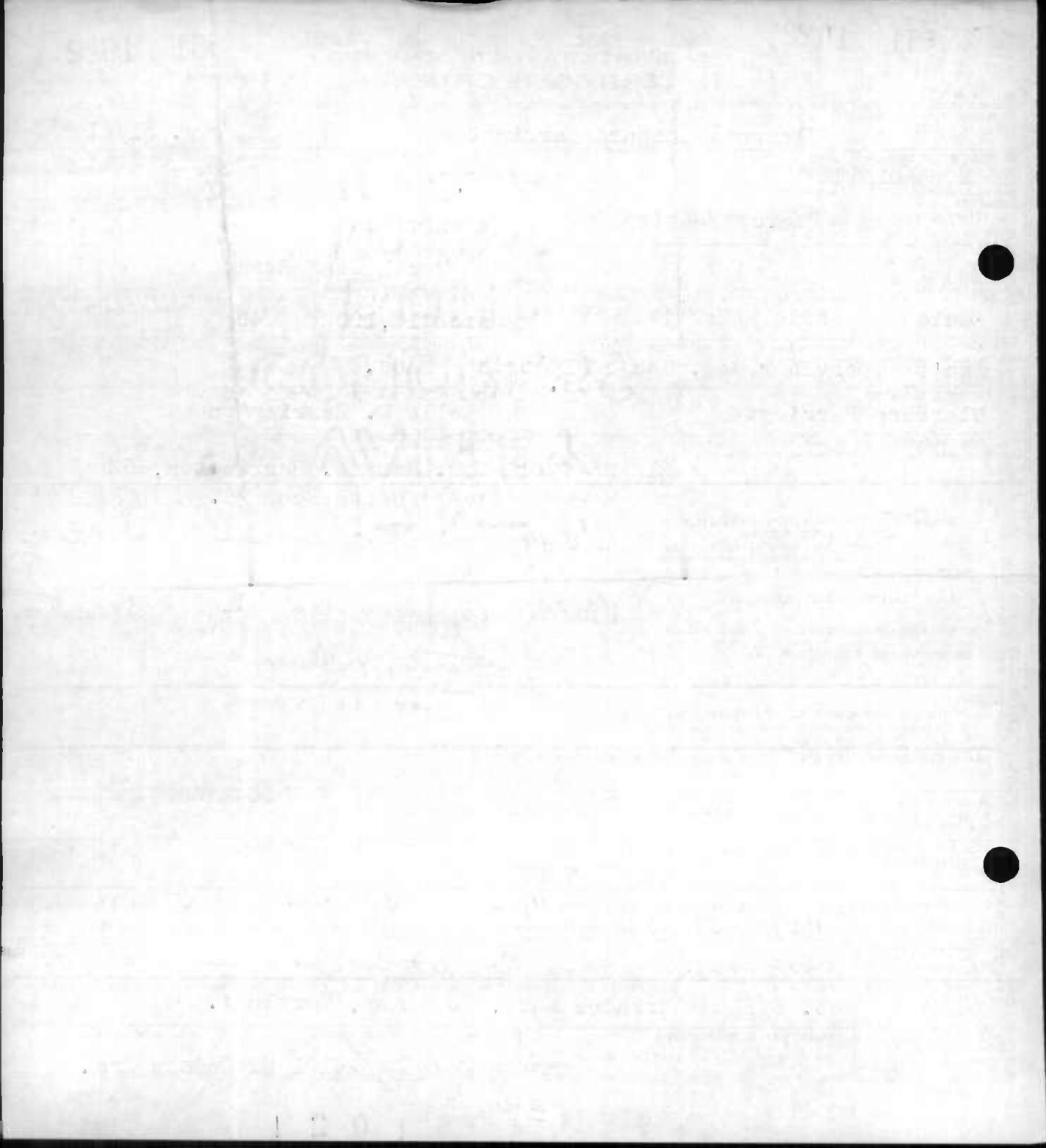
Harry H. Witzke 4101 Edmondson Ave.

VS 150

5235 5E 001021

93D

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Peter (Schmidt) Przyłępa

2. DATE
OF
DEATH

Feb-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

7 N. Bradford St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

7 N. Bradford St.

c. Length of stay in Baltimore

Lite

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 15-1879

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR
INDUSTRY

Gas-Elec. Co

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Przyłępa

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

212-05-3448

17. INFORMANT

ADDRESS

Zofia Przyłępa 7 N. Bradford St

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Insufficiency ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from *Jan 30, 1951*, to *Feb 2, 1951*, that I last saw the deceased alive on *Feb 2, 1951*, and that death occurred at *5:10 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Theodore Kardash

M. D.

23B. ADDRESS

Medical Arts Bldg

23C. DATE SIGNED

2-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 5-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county) (State)

German Hill Rd. Balto. Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Marie Ann Williams

25. FUNERAL DIRECTOR

ADDRESS

Duggel Bros. 1800 E. Lombard St

FEB 2 1951

5574 5E 01022

937

MEDICAL CERTIFICATION

240

51 1024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1024
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John H. Nickel

2. DATE
OF
DEATH

1-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2526 Harford Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

2526 Harford Ave

C. Length of stay in Baltimore

53 yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6-8-77

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Theatre

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John H. Nickel, Jr. 2526 Harford Ave

1B. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Heart disease

about 6
mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Arteriosclerosis

Emphysema (pulmonary)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 1947 to Jan 31, 1951, that I last saw the
deceased alive on Jan. 31, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Murray Fisher

23B. ADDRESS

18 E. Eager St. Balto. Md.

23C. DATE SIGNED

2/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-3-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler, Inc. 403 S. Wolfe Street

FEB 2 1951

VS 150

2908K

93D

MEDICAL CERTIFICATION

Correct as

Dr. Fida - 1888 Cogan -

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51. 1025
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Graham - Neenan

2. DATE
OF
DEATH

1-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3116 McElderry Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto., Md

D. STREET ADDRESS (If rural, give location)

3116 McElderry Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

April 9-92

9. AGE (in years last birthday)

58

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jeremiah

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cecelia Jones

3116 McElderry Street

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Cardio-Vascular disease

2 yrs

DUE TO

Generalized arteriosclerosis

(B)

Malnutrition

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/16, 1951, to 1/29/51, that I last saw the deceased alive on 1/29/51, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. Robert F. Kunkowski

M. D.

1016 E. East Ave

2/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-1-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

403 S. Wolfe Street

FEB 2 1951

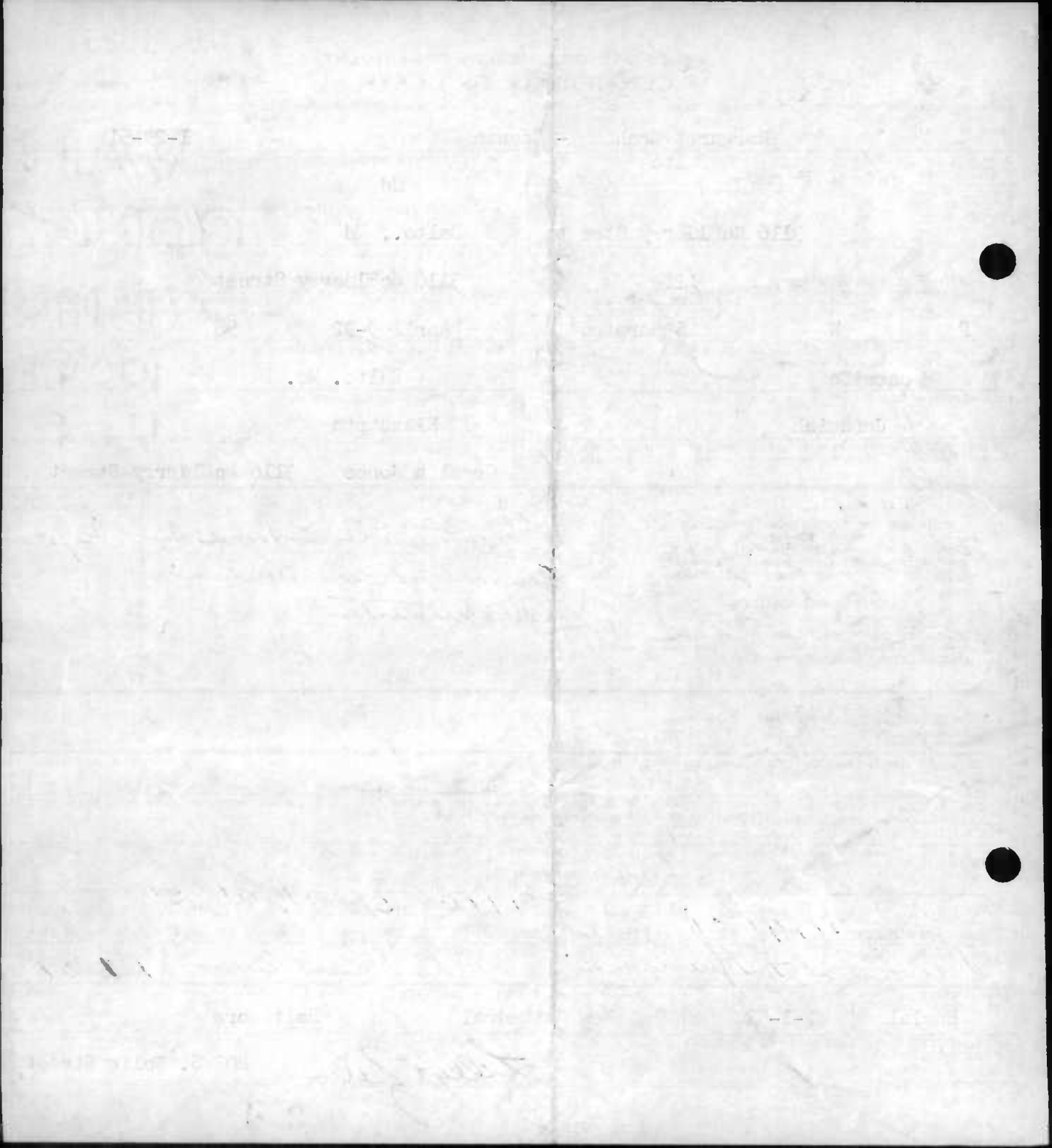
VS 150

9510001024

93D

MEDICAL CERTIFICATION

contact age is especially important



Dr. Post
6805 York Road
51 1026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1026

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosa L. Neave

2. DATE
OF
DEATH

Jan. 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2828 Rosalie Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2828 Rosalie Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 19, 1872

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Christian Thon

14. MOTHER'S MAIDEN NAME

Matilda Kauffelt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel Hokemeyer, 2828 Rosalie

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 15, 1950, to Jan 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Laurence C. Tosh M. D.

23B. ADDRESS

6805 York Rd

23C. DATE SIGNED

2/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-3-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

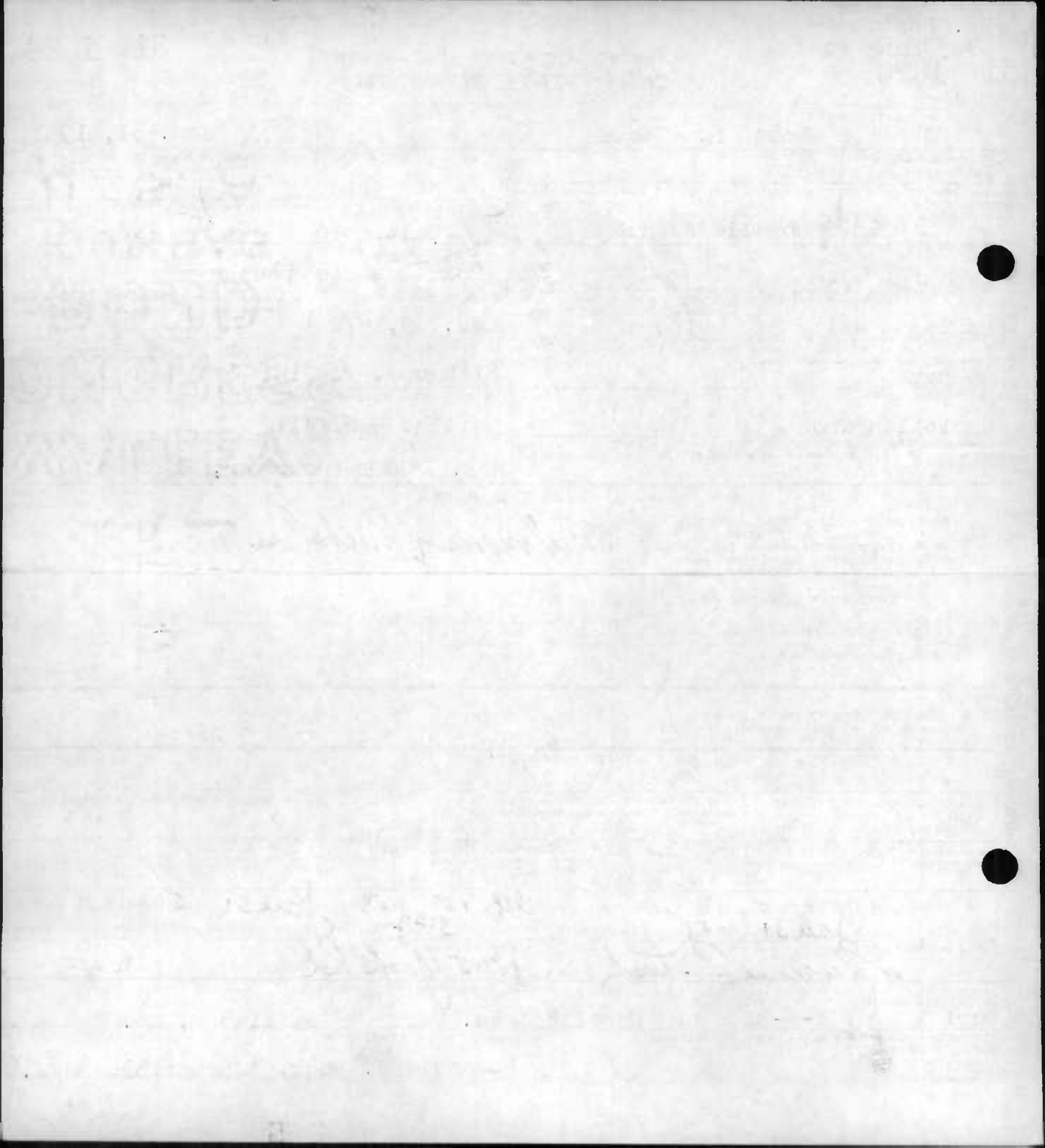
FEB 3 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WILLIAM HERSHEY WHITE		2. DATE OF DEATH Feb. 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE ?		D. STREET ADDRESS (If rural, give location) 1016 Rosedale Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	
8. DATE OF BIRTH 10/9/78		9. AGE (In years last birthday) 72 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Retired Osteopath	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Nicholas White		14. MOTHER'S MAIDEN NAME Dorkas Rebecca Hagen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. SAW	
17. INFORMANT Records- U.S. Marine Hospital, Balto, Md		ADDRESS _____	

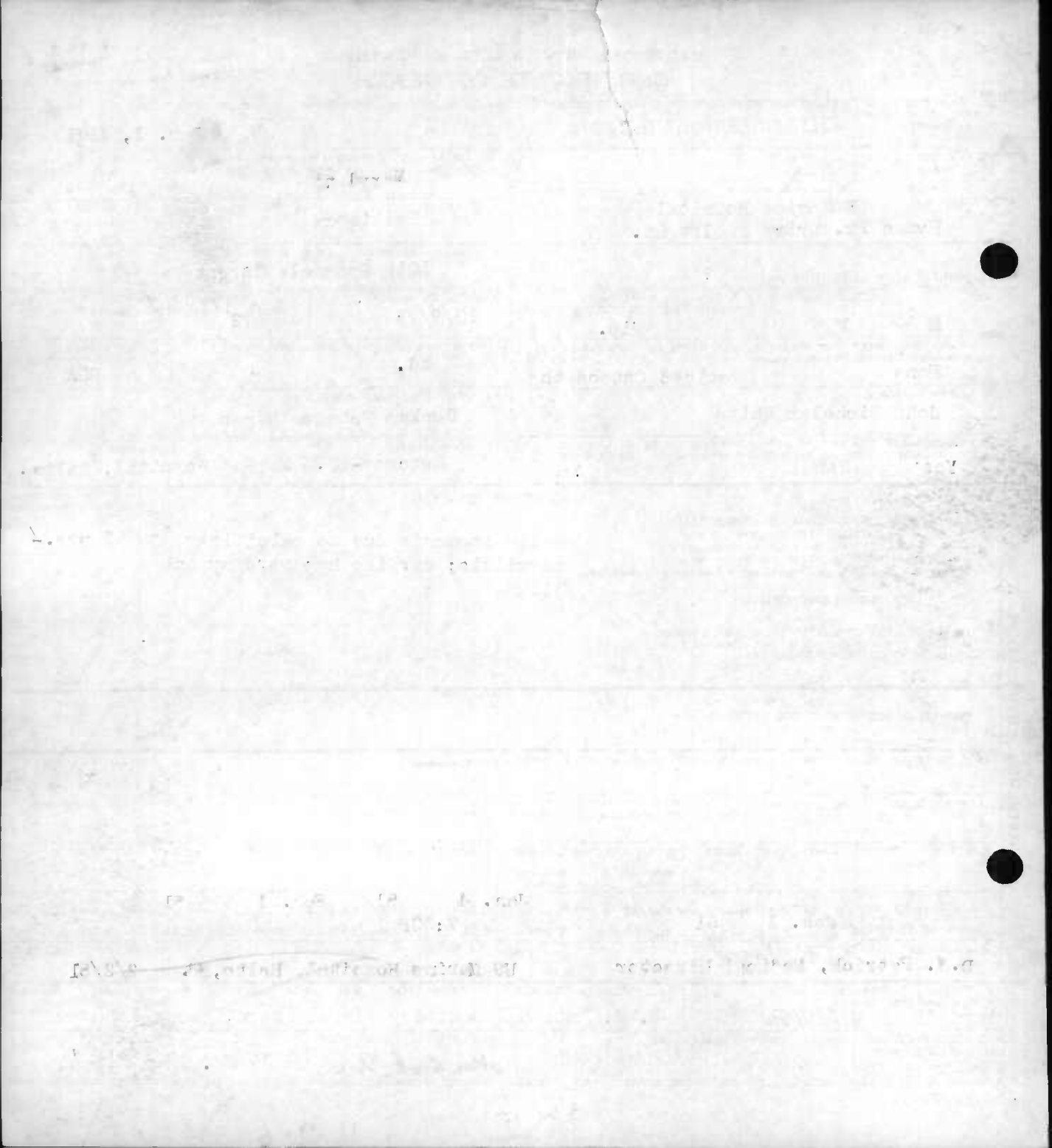
18. 421-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Aortic stenosis due to calcific valvulitis; cardiac hypertrophy and failure		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
(A) DUE TO _____		
(B) DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 4 , 19 51 , to Feb. 1 , 19 51 , that I last saw the deceased alive on Feb. 1 , 19 51 , and that death occurred at 7:30 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 2/2/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/5/51		24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

19 07/180 00 1026

92a



635
51 1028

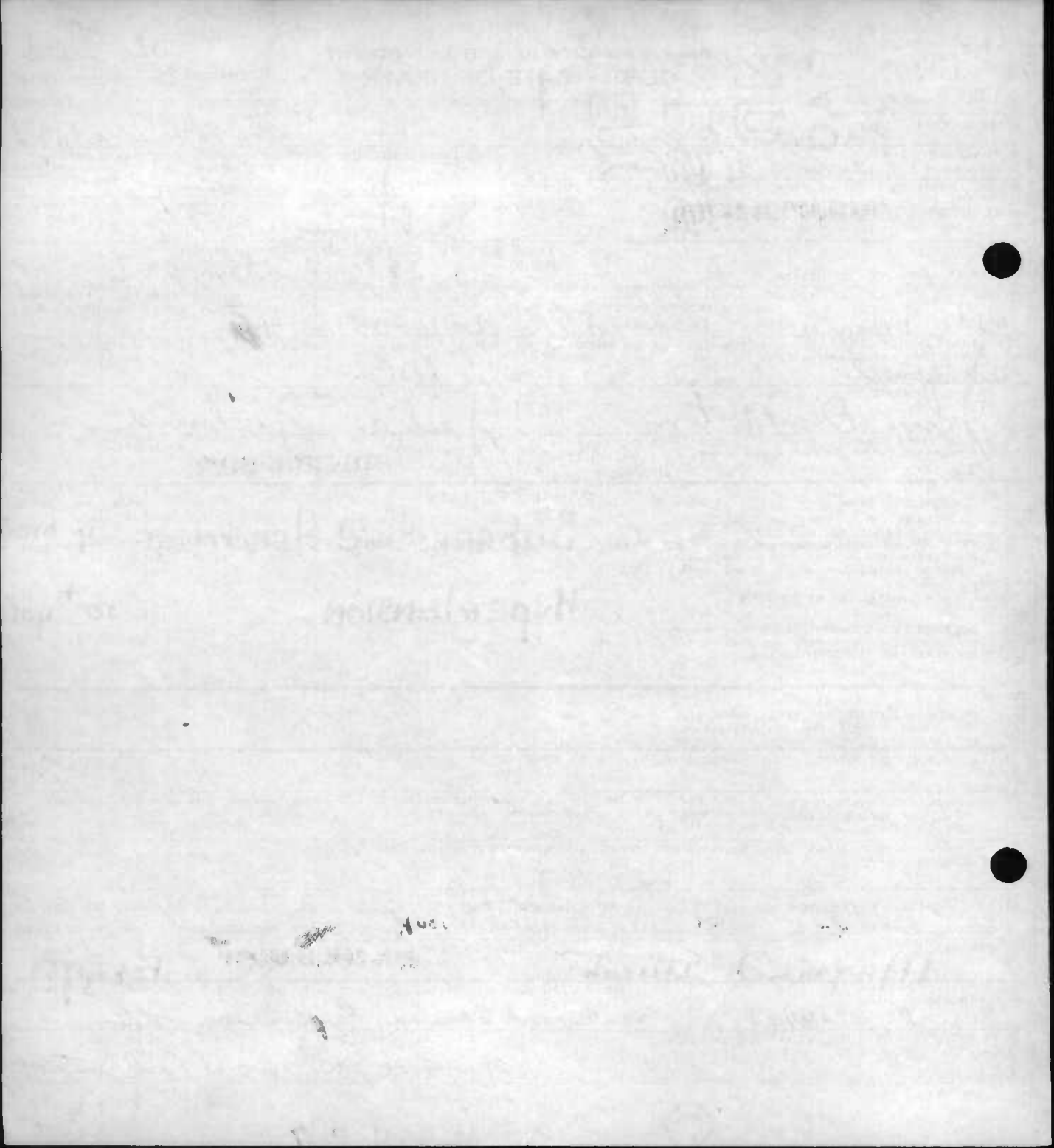
MORTON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1028
Registered No.

1. NAME OF DECEASED (Type or Print) <i>George M. Morton</i>			2. DATE OF DEATH <i>February 1, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>The 2</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 27-38</i>		
5. SEX <i>male</i>			6. COLOR OR RACE <i>white</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>			8. DATE OF BIRTH <i>9-10-05</i>		
9. AGE (In years last birthday) <i>45</i>			10. CITIZEN OF WHAT COUNTRY?		
11. BIRTHPLACE (State or foreign country) <i>md</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John D. Morton</i>			14. MOTHER'S MAIDEN NAME <i>Julia Gilland</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>216-07-2298</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSION		10+ yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION <i>2-1</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-1</i> , 19 <i>51</i> , to <i>2-1</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-1</i> , 19 <i>51</i> , and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Margaret J. Sillicott</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>FEB 2 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>2/6/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Parkville, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 3 - 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. Book, Inc.</i>	
24G. FUNERAL DIRECTOR <i>Wm. Book, Inc.</i>		24H. ADDRESS <i>1217 1/2 Paul Street</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 3 - 1951</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1029

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) BACON, MARY Louise			2. DATE OF DEATH 2-2-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland FRANKLIN Sq. Hosp.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYland - B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-07		
6. Length of stay in Baltimore? Life			D. STREET ADDRESS (If rural, give location) 34th & Chas. Greenway Apts.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1878		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W. - H.W.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME John W. Switzer			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			17. INFORMANT ADDRESS J.A. Keller - Union Trust Co.		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhage, cerebral DUE TO Generalized arteriosclerosis ANTECEDENT CAUSES Hypertension DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Hemorrhage, cerebral 36 hrs. Generalized arteriosclerosis Hypertension			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23A. SIGNATURE J. J. Hawkins, Jr.			23B. ADDRESS Franklin Square			23C. DATE SIGNED 2/2/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/5/51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery		24D. LOCATION (City, town, or county) (State) Pikesville Maryland.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951		REGISTRAR'S SIGNATURE John Williams		25. FUNERAL DIRECTOR H. H. Years and Son		ADDRESS 805 N. Calvert St.		

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
DATE OF DEATH		TIME OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		PLACE OF DEATH		RESIDENCE OF DECEASED	
OCCUPATION		EDUCATION		RELIGION		MARRIAGE		SINGLE		MARRIED	
SIGNED AND SEALED		ATTEST		DECEASED		WITNESSES		MEDICAL EXAMINER		CORONER	

SIGNED AND SEALED		ATTEST		DECEASED		WITNESSES		MEDICAL EXAMINER		CORONER	
SIGNED AND SEALED		ATTEST		DECEASED		WITNESSES		MEDICAL EXAMINER		CORONER	
SIGNED AND SEALED		ATTEST		DECEASED		WITNESSES		MEDICAL EXAMINER		CORONER	
SIGNED AND SEALED		ATTEST		DECEASED		WITNESSES		MEDICAL EXAMINER		CORONER	
SIGNED AND SEALED		ATTEST		DECEASED		WITNESSES		MEDICAL EXAMINER		CORONER	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1030
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) **MRS. MARTIN J. WELSH**

2. DATE OF DEATH

2/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND** B. COUNTY **BALTO**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

7902 E. 31st St, Balto.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

13. FATHER'S NAME

Dominick Welsh

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Martin J. Welsh, Jr. 8 Tamworth Road

18. **E902.01**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

SHOCK - secondary to fractures of rt. femur, pelvis, ribs & bronchus - pleural fistula and embolism + abrasion of forehead & possible intracranial hemorrhage.

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

CERTIFICATION APPROVED BY

R. Fisher M.D.

CHIEF OR ASST. MEDICAL EXAMINER.

MEDICAL CERTIFICATION

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

7902 E. 31st St. Balto.

21D. TIME (Month) (Day) (Year) (Hour)

2:30 PM 2/1/51

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall from second story window.

22. I hereby certify that I attended the deceased from **4:30 PM**, 1951, to **4:25 PM**, 1951, that I last saw the deceased alive on **2/1/51**, and that death occurred at **4:25 PM**, from the causes and on the date stated above.

23A. SIGNATURE

Clayde Thomas

23B. ADDRESS

Mary Jones

23C. DATE SIGNED

2/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/5/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 3 - 1951

H. H. Wears and Son 805 N. Calvert St.

VS 150

N- 809.2

510001029

186a

MR MARTIN J. WECH

WISCONSIN HOSPITAL

RETIRED

AMBER KENOE

RECEIVED

Nov 11, 1972

APR 25 1972

WISCONSIN

2/1/71

2. check - according to function of mt.
from various sources -
because of low level of
information in the hospital.

030 PM 2/1/71

(204/11 21

Glenn Thompson

11/11/72

APR 30 1972

APR 25 1972

543
51 1031
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1031

1. NAME OF DECEASED (Type or Print) HARRY WOMELDORTH W. WOMELDORPH			2. DATE OF DEATH February 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 13YRS Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1016 N BENTLOW STREET.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 8 1897	9. AGE (In years last birthday) 53	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE			11. BIRTHPLACE (State or foreign country) WINCHESTER. VA.		
10B. KIND OF BUSINESS OR INDUSTRY RICE'S BAKERY.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME GEORGE WOMELDORPH			14. MOTHER'S MAIDEN NAME SAUER CA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT LILA V WOMELDORPH 5 N COLLINGTON			ADDRESS		

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary artery disease DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE RS Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 2, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB 6 1951	24C. NAME OF CEMETERY OR CREMATORY WINCHESTER CEM	24D. LOCATION (City, town, or county) (State) WINCHESTER VA.
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Depled Bro 1800 E LOMBARD ST	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-441100)
FROM : SAC, NEW YORK (100-100000) (P)
SUBJECT: [Illegible]
RE: [Illegible]
[Illegible text follows]

[Illegible text follows]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1032
Registered No. _____

1. NAME OF DECEASED (Type or Print) KENNETH WILLIAMS		2. DATE OF DEATH February 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 1 MO. Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 11 Irving Place	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN 2 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 1 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
13. FATHER'S NAME ERNEST WILLIAMS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE.	
11. BIRTHPLACE (State or foreign country) BALTIMORE MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ERNEST WILLIAMS		14. MOTHER'S MAIDEN NAME RUTH HILL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE.	
17. INFORMANT ERNEST WILLIAMS 11 IRVING PLACE		ADDRESS ✓	

18. CAUSE OF DEATH 571.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gastro enteritis, acute DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH _____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		_____

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE FEB 3 1951		24C. NAME OF CEMETERY OR CREMATORY MT CARMEL CEM.	
24D. LOCATION (City, town, or county) (State) MD.		24E. FUNERAL DIRECTOR Deffel Bros.		24F. ADDRESS 1800 FLOMBARD ST.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 1951		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR Deffel Bros.	
25. FUNERAL DIRECTOR Deffel Bros.		ADDRESS 1800 FLOMBARD ST.		_____	

200
1033BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1033
Registered No.

1. NAME OF DECEASED (Type or Print)		HAZEL BOICE (Boyce)		2. DATE OF DEATH January 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01			
D. STREET ADDRESS (If rural, give location) 535 N. Central Avenue		Yrs. Mos. Days			
Length of stay in Baltimore 25 Yrs.		8. DATE OF BIRTH 4/19/1914			
5. SEX Female		6. COLOR OR RACE Colored		9. AGE (In years last birthday) 36	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Virginia	
10B. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clifford Spencer	
14. MOTHER'S MAIDEN NAME Unkown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT John Boyce		ADDRESS 535 N. Central Ave			

18. 6000 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute pyelonephritis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Boyce		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 30, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/3/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Chas. O. Wilson			

DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951		REGISTRAR'S SIGNATURE [Signature]		ADDRESS [Address]	
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REPORT OF THE BOARD OF HEALTH
CITY OF CHICAGO

1901-1902

CHICAGO

REPORT OF THE BOARD OF HEALTH

1901-1902

CHICAGO

1901-1902

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1901-1902

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1901-1902

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1901-1902

CHICAGO

1901-1902

CHICAGO

560
51 1034BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1034

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT SKINNER			2. DATE OF DEATH January 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. LENGTH OF STAY IN BALTIMORE 35 yrs.			D. STREET ADDRESS (If rural, give location) 905 McDonough St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 19 - 1885	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if expired) Unemployed			10B. KIND OF BUSINESS OR INDUSTRY none		
11. FATHER'S NAME LAQUEER			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			14. MOTHER'S MAIDEN NAME unknown		
15. SOCIAL SECURITY NO.			16. INFORMANT Louise DeBene		
17. ADDRESS 819 McDonough St.					

18. E903.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) DUE TO Chronic subdural hematoma (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 9/19/50	19B. MAJOR FINDINGS OF OPERATION 905 McDonough St.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 905 McDonough St.	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Sidewalk front 905 McDonough St. 7/4
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9/19/50 9:00 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell on street, probably drunk

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Devereaux M.D.	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED 51 January 29, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 2/3/51	24C. NAME OF CEMETERY OR CREMATORY Grave Cemetery	24D. LOCATION (City, town, or county) (State) Brooklyn NY
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Elroy D. Wilson	ADDRESS 1000 Brooklyn NY

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

827
S. W. 1/4

22-1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1035
Registered No.

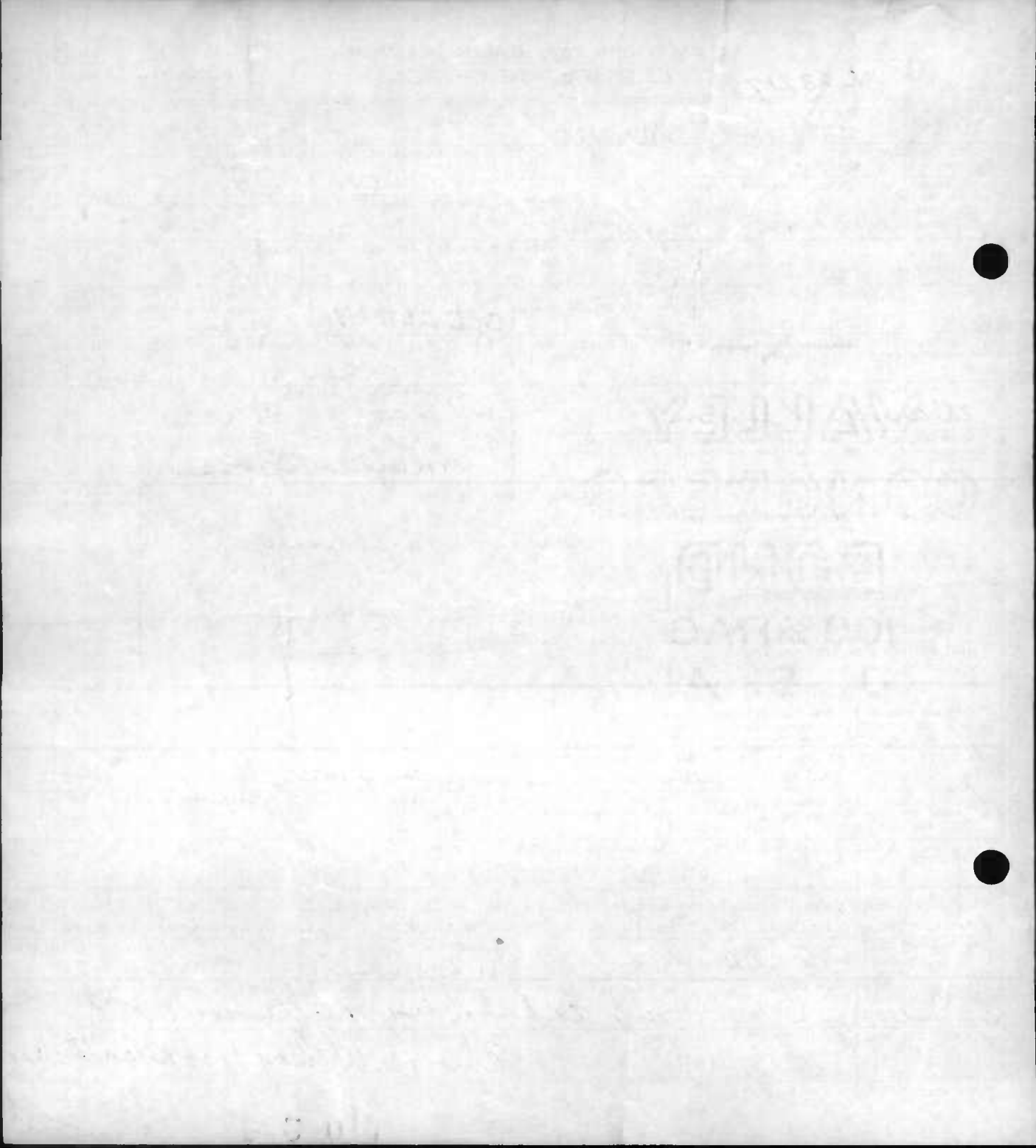
51 1035
BIRTH NO. 4-33217

1. NAME OF DECEASED (Type or Print) ESIAH Gwynn		2. DATE OF DEATH 1-31-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland C		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTO MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITALS		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
D. STREET ADDRESS (If rural, give location) 17 N Amity St.			
5. SEX BOY	6. COLOR OR RACE NEGROE	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 26th 1945
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 5 years If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO-	
13. FATHER'S NAME Warner Gynn		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME MARIE GROSS	
16. SOCIAL SECURITY NO.		17. INFORMANT Maria Gross ADDRESS	

18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) cardio respiratory ceased DUE TO (B) Congenital heart disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 1-31-51		19B. MAJOR FINDINGS OF OPERATION pulmonary (infundibular stenosis)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-11 , 1950, to 1-31 , 1951; that I last saw the deceased alive on 1-31 , 1951, and that death occurred at 3:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Offieldra		23B. ADDRESS U. Hospitals		23C. DATE SIGNED 2-1-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/5/1951		24C. NAME OF CEMETERY OR CREMATORY mt. Auburn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore MD	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951		REGISTRAR'S SIGNATURE Wm. Williams		25. FUNERAL DIRECTOR Choy O. Wilson		ADDRESS 1000 Beatty Ave	



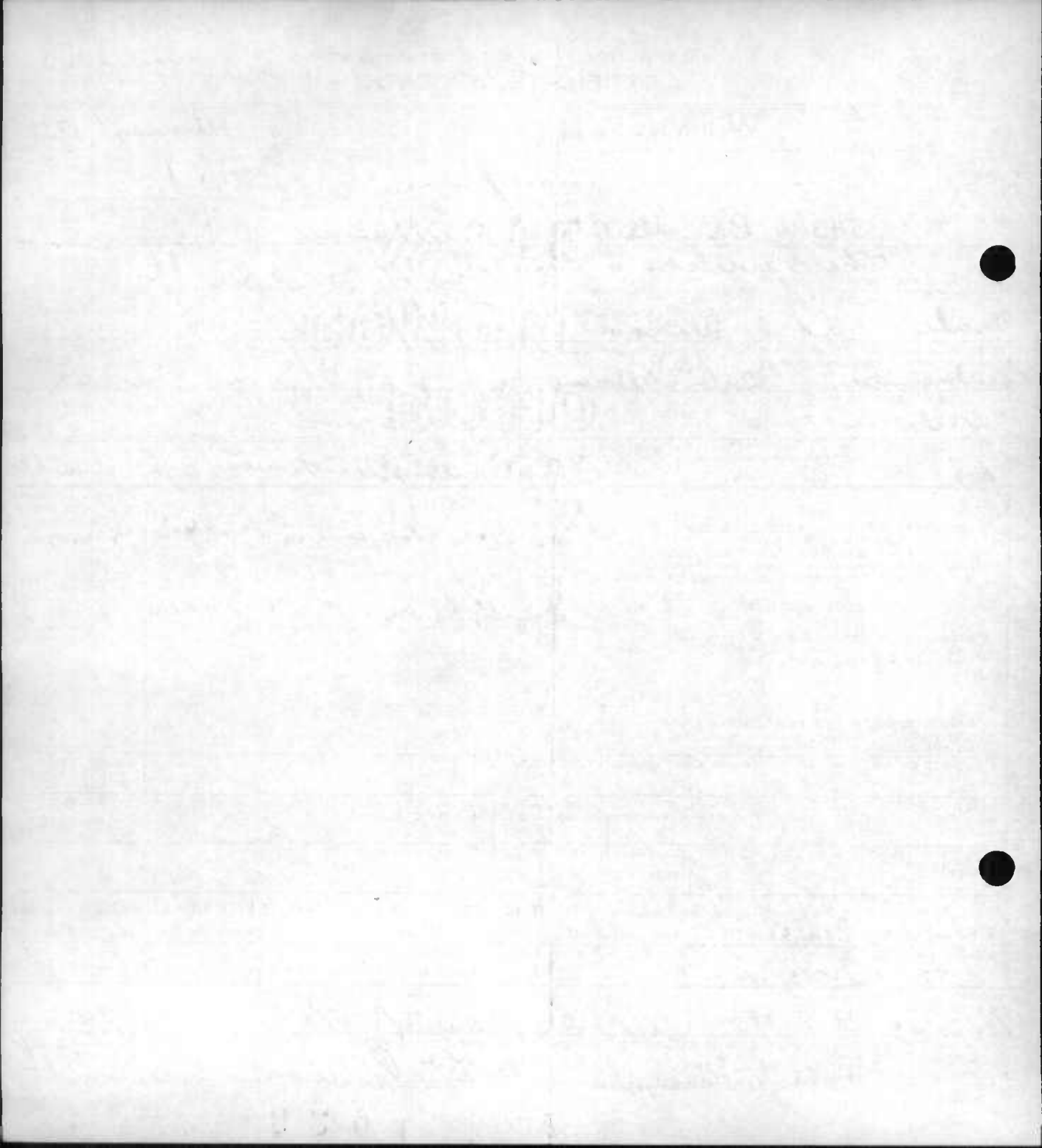
600
51 1036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1036
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		William Frye.		February 1, 1951.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 543 W. Biddle St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01			
C. Length of stay in Baltimore Three weeks.		D. STREET ADDRESS (If rural, give location) 543 W. Biddle St.			
5. SEX Male	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 10, 1899	9. AGE (In years - last birthday) 61	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10B. KIND OF BUSINESS OR INDUSTRY R.R. Boston & Albany		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Frye.		14. MOTHER'S MAIDEN NAME Julia Holland.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Bertie Smith min, 242 Wilson St.	
18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cerebral Thrombosis (Paralytic) DUE TO (B) Hypertension - Arteriosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 20, 1951, to Jan 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 2 Am., from the causes and on the date stated above.					
23A. SIGNATURE H. Wasserman		23B. ADDRESS 1501 Eutaw Place		23C. DATE SIGNED Feb 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-3-1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial	
24D. LOCATION (City, town, or county) (State) Arbutus Md		25. FUNERAL DIRECTOR Miss Marie Williams		ADDRESS 3220 Schenck St.	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1037

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD EMMETT STEVENS

2. DATE
OF
DEATH

January 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

648 Bradley Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

648 Bradley Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 17, 1896

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

preacher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Georgia Stevens 648 Bradley St.

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive arteriosclerotic cardiovascular
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Omer...

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 3 - 1951

William Williams, Jr.

Mrs. Katie R. Williams, Schroeder St.

STATE OF TEXAS

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163
11 1038Rebbert
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1038
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ferdinand M. Rebbert

2. DATE
OF
DEATH

2/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

627 N. Bentalow St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRYTailoring
Industry

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Feb 1, 1867

9. AGE (in years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U S A

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Mrs Helen Groves 627 N. Bentalow St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Heart Disease

DUE TO

30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Sclerosis

DUE TO

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1941, to 2/2/51, 19, that I last saw the
deceased alive on 2/2/51, 19, and that death occurred at 630 A. m., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Mendel

M. P.

23B. ADDRESS

651 N. Bentalow

23C. DATE SIGNED

2/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/5/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Fred Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

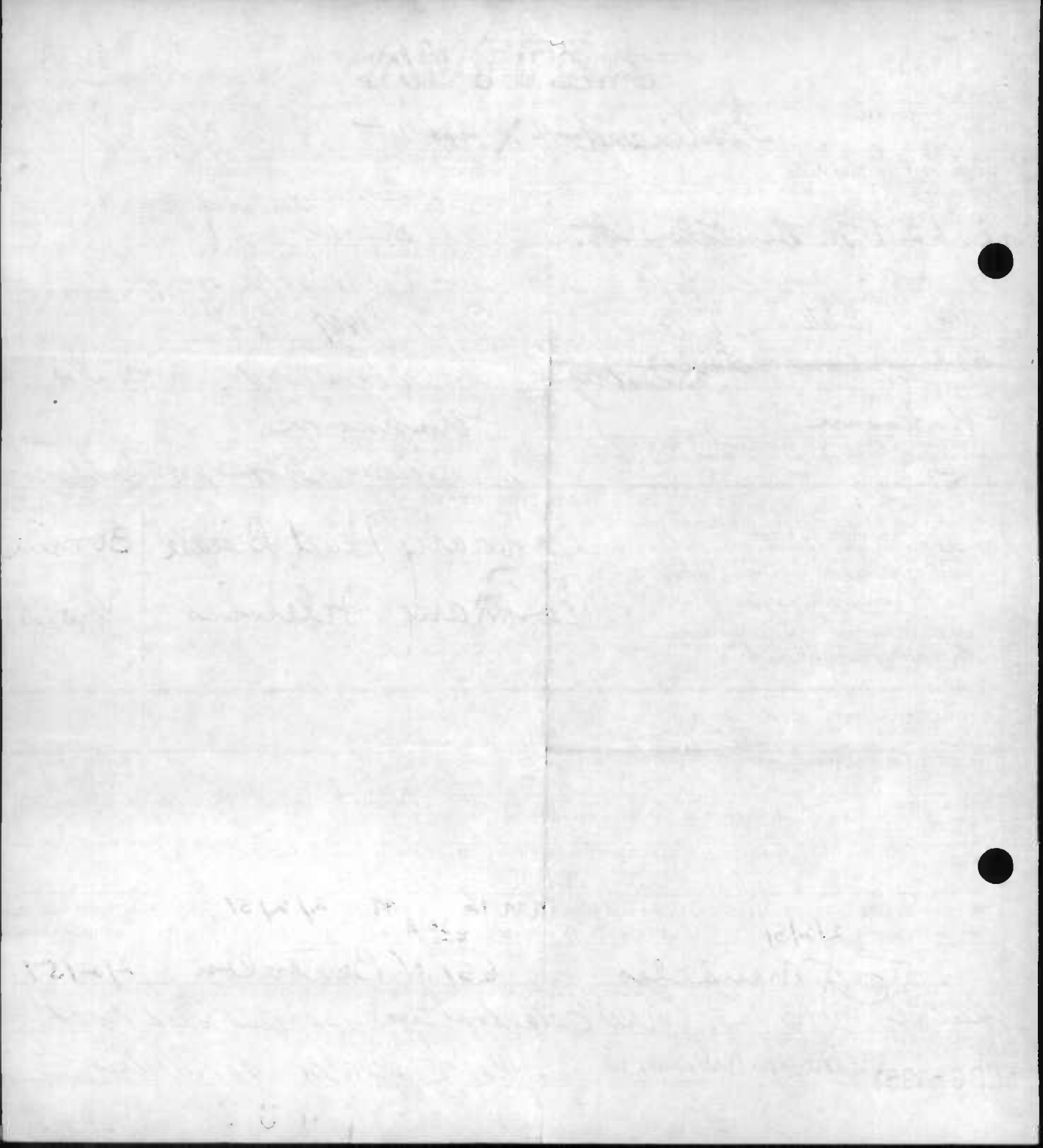
J. J. Bowman 901 Hollis St

FEB 3 - 1951

VS 150

MEDICAL CERTIFICATION

1037 94a



1400
51 1039
BIRTH NO.

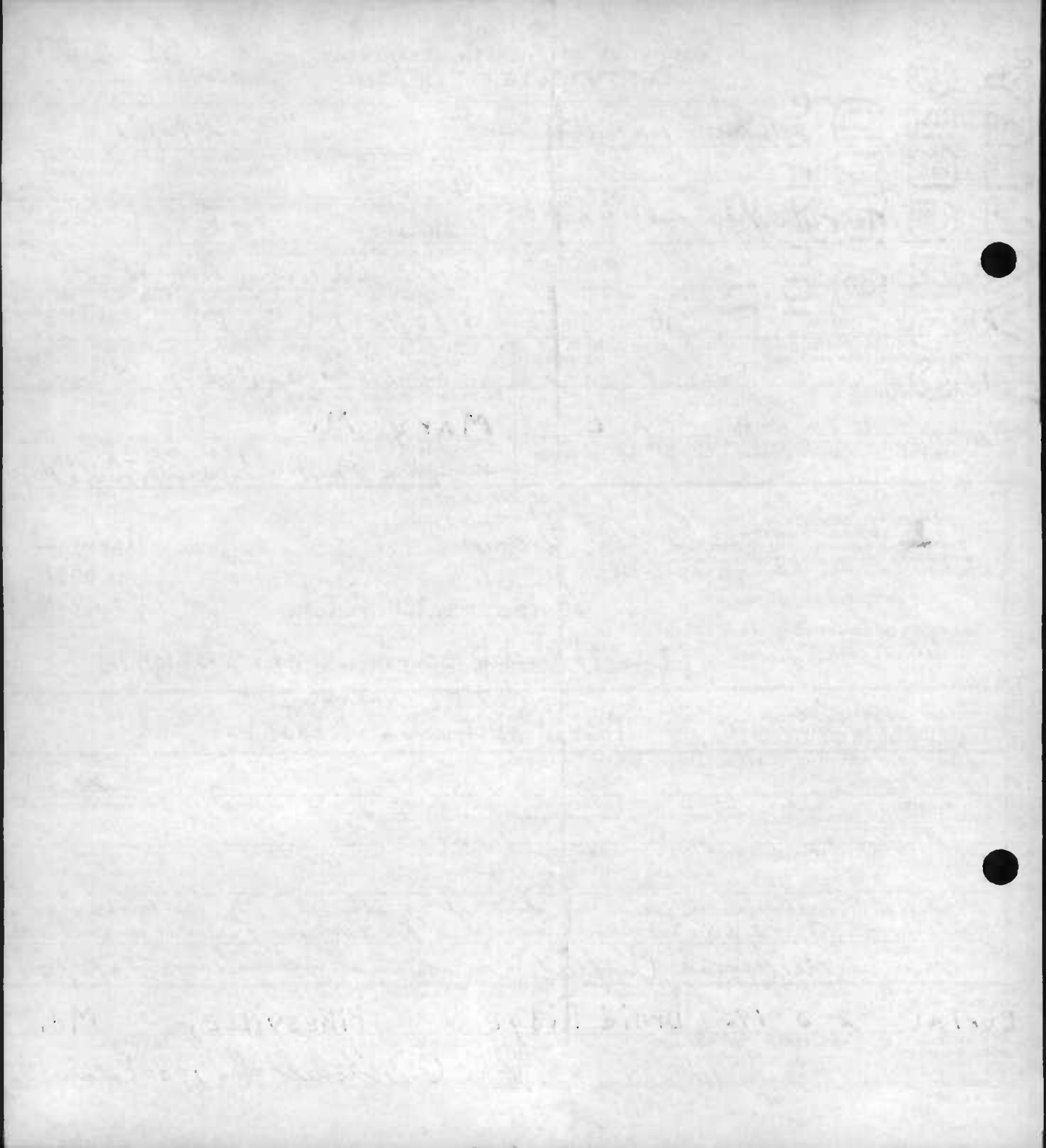
PAUL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1039
Registered No.

1. NAME OF DECEASED (Type or Print) Edward Hamilton Paul		2. DATE OF DEATH 2/2/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3410 Calloway Ave #15		E. LENGTH OF STAY IN BALTIMORE 63 (Yrs) (Mos.) (Days)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/2/1887
9. AGE in years last birthday 63		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER		10B. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Edward PAUL		14. MOTHER'S MAIDEN NAME MARY M.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 125 PARK AVENUE SWARTHMORE PA	
17. INFORMANT Joseph E Paul		18. CAUSE OF DEATH Uremia Vesico rectal fistula (Direct) Metastatic carcinoma of recto sigmoid Cystitis, marked Partial obstruction of bowel	
19A. DATE OF OPERATION 2-1-1951		19B. MAJOR FINDINGS OF OPERATION Partial obstruction of bowel	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		25. HOW DID INJURY OCCUR?	
26. I hereby certify that I attended the deceased from 2-1-1951 to 2-2-1951 that I last saw the deceased alive on 2-1-1951 and that death occurred at 2:00 a.m., from the causes and on the date stated above.		27. SIGNATURE Marguerite Louisa Carder	
28. ADDRESS Maryland General Hospital		29. DATE SIGNED 2/2/51	
30. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		31. DATE 2-3-1951	
32. NAME OF CEMETERY OR CREMATORY Druid Ridge		33. LOCATION (City, town, or county) (State) PIKESVILLE, Md.	
34. DATE RECEIVED BY LOCAL REGISTRAR FEB 3-1951		35. REGISTRAR'S SIGNATURE John O. Mitchell	
36. FUNERAL DIRECTOR John O. Mitchell		37. ADDRESS 1900 Eutaw Pl.	

51047074

462



650
51 1040BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1040
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John MacLachlan Brown			2. DATE OF DEATH Feb. 1, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 910 N. Calvert St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 910 N. CALVERT ST.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-21-1889	9. AGE (in years last birthday) 61	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent			11. BIRTHPLACE (State or foreign country) BALTIMORE, Md.		
10b. KIND OF BUSINESS OR INDUSTRY The Instruments Corp.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John MacLachlan Brown			14. MOTHER'S MAIDEN NAME AGNES CUNNINGHAM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. GLADYS Y. BROWN			ADDRESS 910 N. CALVERT ST.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease	CAUSE OF DEATH Coronary Disease	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) DUE TO (B) DUE TO (C)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE **Wm. H. Kemmer** 2. M.D.
23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐
23c. DATE SIGNED **Feb. 2, 1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-3-51	24c. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY	24d. LOCATION (City, town, or county) (State) Fred. Ave. BALTO. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951	REGISTRAR'S SIGNATURE Wm. H. Kemmer	25. FUNERAL DIRECTOR John O. Mitchell & Sons	
ADDRESS 1900 Eutaw Pl.			

VS 151

19528034

94a ✓

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Filing No.

MAY 1911

NAME OF DECEASED

RESIDENCE OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

SEX

AGE

OCCUPATION

EDUCATION

RELIGION

MARRIAGE

SINGLE

MARRIED

WIDOWED

DIVORCED

SEPARATED

OTHER

REMARKS

SIGNATURE OF DECEASED

SIGNATURE OF WITNESS

SIGNATURE OF PHYSICIAN

SIGNATURE OF CLERGYMAN

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CORONER

SIGNATURE OF JURY

SIGNATURE OF COURT

SIGNATURE OF STATE

SIGNATURE OF NATION

SIGNATURE OF WORLD

SIGNATURE OF UNIVERSE

SIGNATURE OF GOD

SIGNATURE OF DEVIL

SIGNATURE OF ANGELS

SIGNATURE OF DEMONS

SIGNATURE OF SPIRITS

SIGNATURE OF ELEMENTS

SIGNATURE OF PLANETS

SIGNATURE OF STARS

SIGNATURE OF MOON

C-652

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1041

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maggie Cornish</i>			2. DATE OF DEATH <i>2-1-1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>819 N. Ausquith St</i>			C. CITY OR TOWN (If outside corporate limits, write R.R.A., and give township) <i>Baltimore 10-02</i>		
C. Length of stay in Baltimore <i>30 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>819 N. Ausquith St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 15-1908</i>	9. AGE (In years last birthday) <i>42</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Alexander Jackson</i>			14. MOTHER'S MAIDEN NAME <i>Susan Light</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Joseph Cornish 819 N. Ausquith St</i>			ADDRESS		

18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis</i> DUE TO	CAUSE OF DEATH <i>Pulmonary Tuberculosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 m</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>
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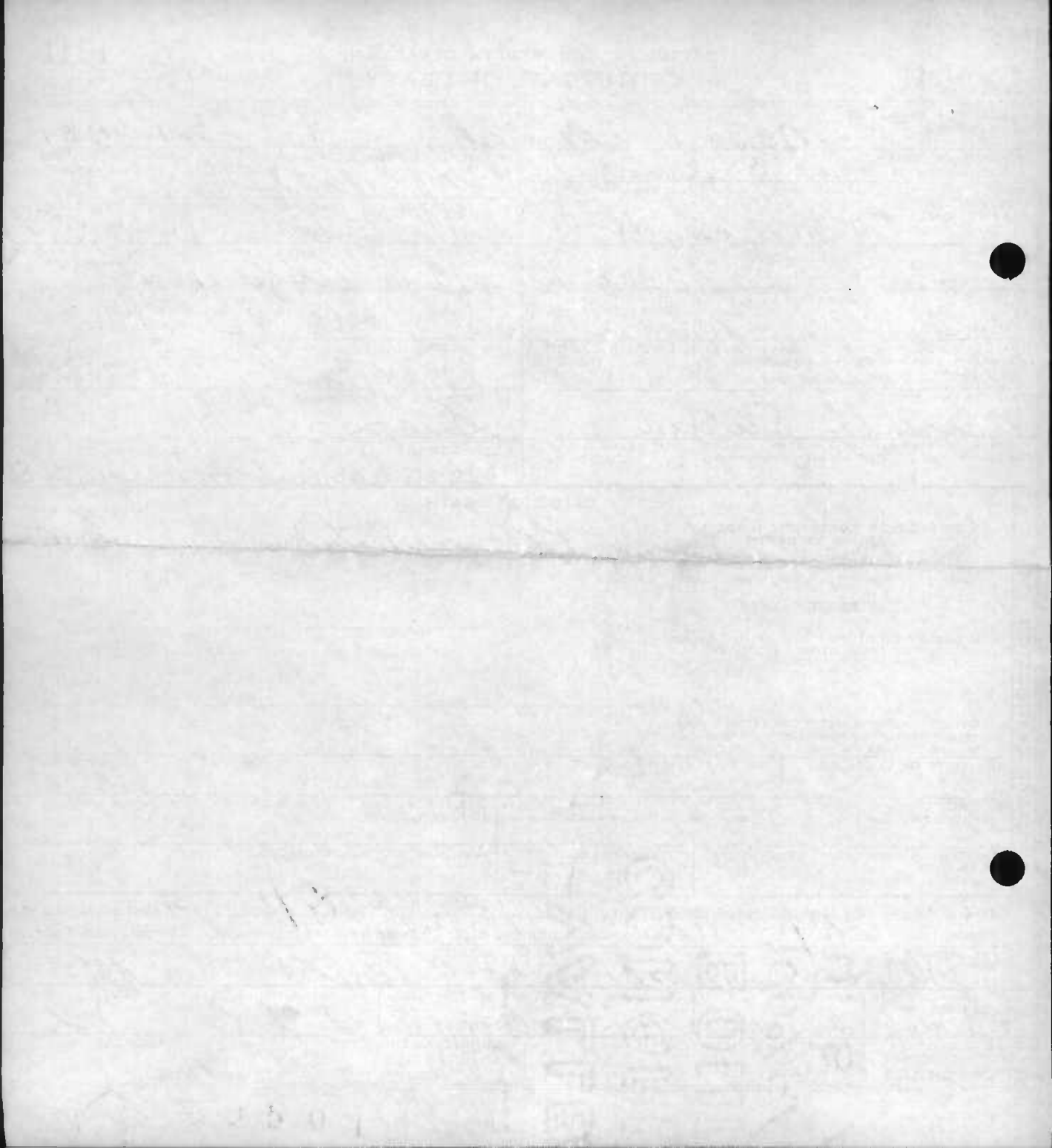
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/25*, 19*50*, to *2/1*, 19*51*, that I last saw the deceased alive on *2/1*, 19*51*, and that death occurred at *3:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Reed A. Deford</i>	23B. ADDRESS <i>822 N. Bond St</i>	23C. DATE SIGNED <i>2/3/51</i>
--------------------------------------	------------------------------------	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-3-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem</i>	24D. LOCATION (City, town, or county) (State) <i>D. Co Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 3-1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Rayner Sanders</i>	ADDRESS <i>412 E. Preston St 130</i>
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T-600
2801 TSBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 1042

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LUBA TERRY

2. DATE
OF
DEATH

1-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

560 W. MOSHER ST.

c. Length of stay in Baltimore

15 YRS.

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WAITRESS

10B. KIND OF BUSINESS OR
INDUSTRY

CAFE

13. FATHER'S NAME

JOHN ISLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE

14-02

D. STREET ADDRESS (If rural, give location)

560 MOSHER ST.

8. DATE OF BIRTH

MAY 22, 1914

9. AGE (In years
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

GRAHAM, N. C.

12. CITIZEN OF
WHAT COUNTRY

14. MOTHER'S MAIDEN NAME

DOAA ?

17. INFORMANT

ADDRESS

JNO. H. TERRY - 1002 AAGLEY AVE.

CAUSE OF DEATH

18. 490X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) _____

Lobal pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 27, 1951 to Jun 29, 1951 that I last saw the
deceased alive on Jun 27, 1951 and that death occurred at 4:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

REMOVED

2/4/51

CHILDRENS CHAPEL

GRAHAM, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 3 - 1951

Wm. A. Jackson

Wm. A. JACKSON - 916 PENNA. AVE

CERTIFICATE OF DEATH

COPY 515

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

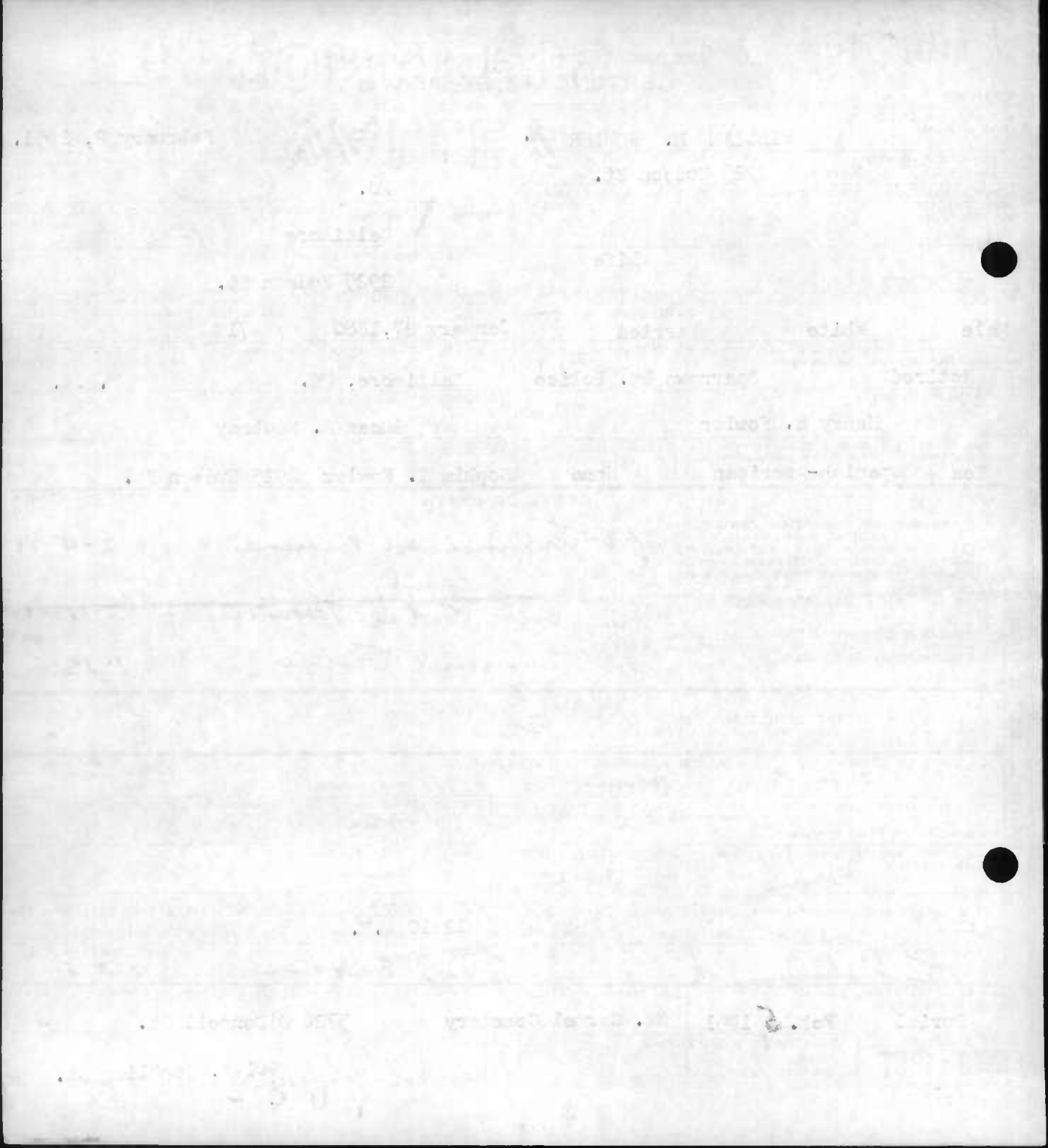
1926

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1043
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM H. FOWLER SR.		2. DATE OF DEATH February 2, 1951.	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2925 Hudson St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2925 Hudson St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 27, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Sparrows Pt. Police	
13. FATHER'S NAME Henry E. Fowler		14. MOTHER'S MAIDEN NAME Susan A. Mowbray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. None	
17. INFORMANT Sophia E. Fowler		ADDRESS 2925 Hudson St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 2-15-49	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Artery Disease		2-15-49	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		1-23-51	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		21B. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) None	
21C. WHERE DID INJURY OCCUR? None		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 2-15-49 to 2-2-51 , that I last saw the deceased alive on 2-2-51 , and that death occurred at 12:10 A.M. from the causes and on the date stated above.			
23A. SIGNATURE Ed Schumaker		23B. ADDRESS 842 J. E. Arthur	
23C. DATE SIGNED 2-3-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 5, 1951	
24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		24D. LOCATION (City, town, or county) (State) 5720 O'Donnell St.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951		REGISTRAR'S SIGNATURE William H. Williams	
FUNDRAISING DIRECTOR Charles S. Jiles		ADDRESS 901 S. Conkling St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1044

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sr. M. Philippia Jung

2. DATE
OF
DEATH

Feb. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 901 Aisquith Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Motherhouse of Notre Dame

C. Length of stay in Baltimore

9 mos.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 24, 1880

9. AGE (In years,
last birthday)

70

11. Under 1 Year
Months: Days

11

22

12. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Religious

13. FATHER'S NAME

Matthias Jung

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Anna Reitenwald

17. INFORMANT

ADDRESS

Sr. M. Stan. Kostka 901 Aisquith Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Metastatic Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma Ovary

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

Aug. 1

19B. MAJOR FINDINGS OF OPERATION

Cancer

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1951, to Feb. 2, 1951, that I last saw the deceased alive on Feb. 2, 1951, and that death occurred at 2.40 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Francis J. Kelly

M. D.

23B. ADDRESS

110 E North Ave

23C. DATE SIGNED

2/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 5 1951

24C. NAME OF CEMETERY OR CREMATORY

Villa Maria

24D. LOCATION (City, town, or county)

Notch Cliff nr Towson, Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

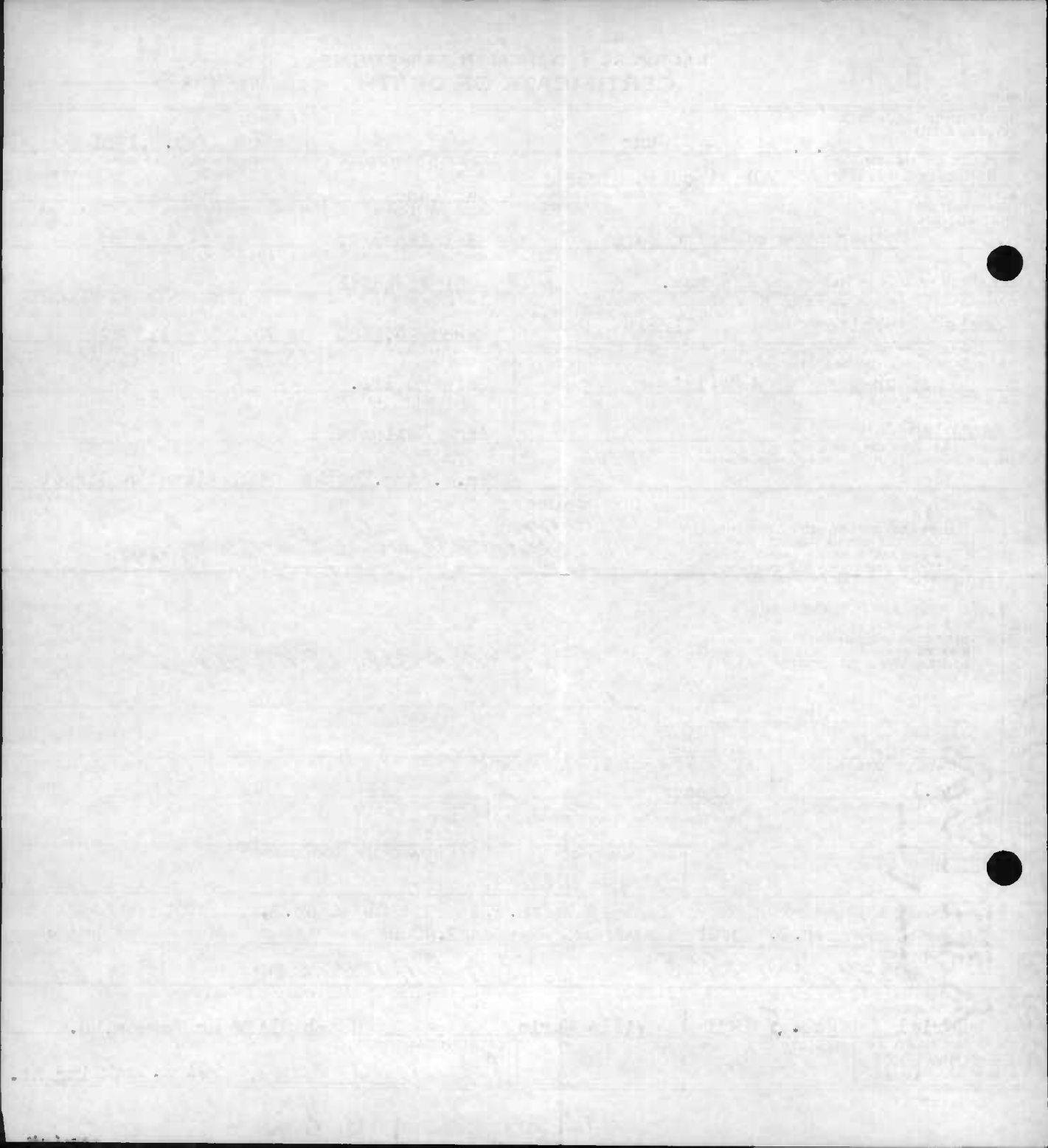
25. FUNERAL DIRECTOR

ADDRESS

FEB 3 - 1951

Francis J. Kelly

Charles J. Zeiler, 901 S. Conkling St.



B3-650

51 1045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1045
Registered No.

BIRTH NO.

NAME OF DECEASED

(Type or Print) MATTHEW BROWN

2. DATE

OF DEATH February 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1006 E. Monument Street

Length of stay in Baltimore

20 yrs

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

32

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chuffner

10B. KIND OF BUSINESS OR INDUSTRY

Rental w Garage

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gordon Brown

14. MOTHER'S MAIDEN NAME

Lillie Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Horace Brown 411 W. Beddell St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease with

DUE TO uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

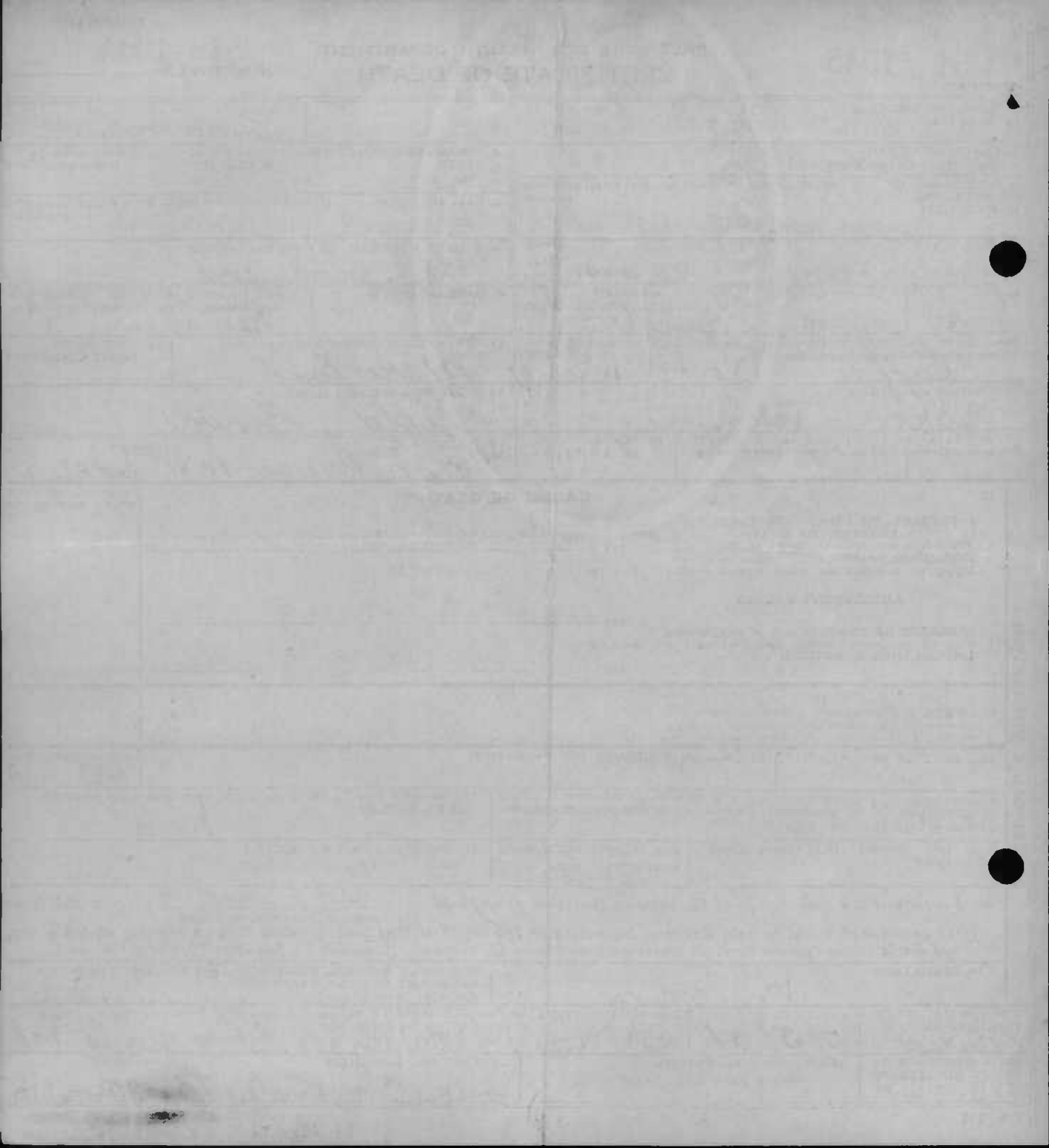
25. FUNERAL DIRECTOR

ADDRESS

FEB 3 - 1951

[Signature]

Joseph C. Mattingley Leonardtown, MD.



N-240
51 1046BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 51 1046
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NESS ELL, EMMANUEL			2. DATE OF DEATH 2-2-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY V-20		
B. FULL NAME OF HOSPITAL OR INSTITUTION Swan			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) Duluth Minn			E. LENGTH OF STAY IN BALTIMORE 30 Yrs. 30 Mos. 30 Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager			10B. KIND OF BUSINESS OR INDUSTRY Dept Store		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Leon			14. MOTHER'S MAIDEN NAME Sarah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow) No			16. SOCIAL SECURITY NO. 470-07-7022		
17. INFORMANT Amelia Nessell			ADDRESS Duluth Minn		

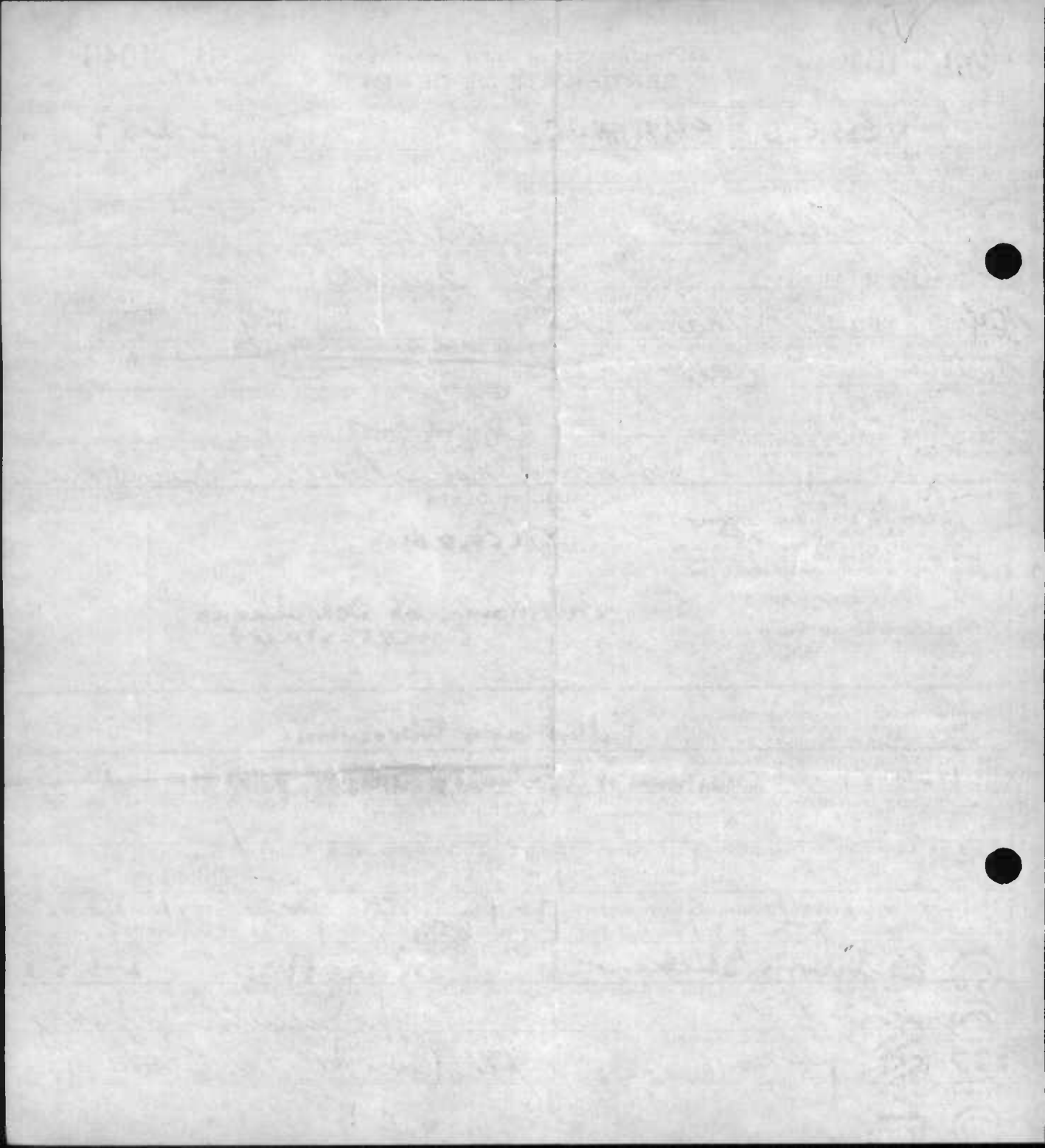
18. 150 X and 002 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cachexia	CAUSE OF DEATH (A) Cachexia DUE TO (B) Carcinoma of Oesophagus & metastases. DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary tuberculosis		

19A. DATE OF OPERATION 1-24-51	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Oesophagus & metastases, pulm. tb	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY <input type="checkbox"/>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-16**, 19**51**, to **2-2**, 19**51**, that I last saw the deceased alive on **2-2**, 19**51**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE B. Shurin Shchima	23B. ADDRESS Singi Hosp	23C. DATE SIGNED 2-3-51
--	-----------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 2-3-51	24C. NAME OF CEMETERY OR CREMATORY Duluth Minn	24D. LOCATION (City, town, or county) (State) Duluth Minn
DATE RECEIVED BY LOCAL REGISTRAR FEB 3 - 1951	REGISTRAR'S SIGNATURE Washington Williams, Jr.	25. FUNERAL DIRECTOR Jack Lewis Inc	ADDRESS 2100 Central Pl



100.00

100.00

100.00

100.00

100.00

100.00

P-654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1048

BIRTH NO. 51 1048

1. NAME OF DECEASED
(Type or Print)

Charles J. Parnell

2. DATE
OF
DEATH

2/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

306 E. North Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto Md 12-04

D. STREET ADDRESS (If rural, give location)

306 E. North Ave

length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 31st 1866

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

84

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Business Practice

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles J. Parnell

14. MOTHER'S MAIDEN NAME

Marcelene Roby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Florence N. Parnell 306 W. North Ave

18. 4-2-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atherosclerotic C.V. disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. P. Lubinski

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☐

2/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

FEB 1951 1951 1000 1048

93D

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

STATE OF NEW YORK

DECEASED
NAME
AGE
SEX
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

DECEASED

NAME
AGE
SEX
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME
AGE
SEX
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME
AGE
SEX
DATE OF BIRTH
DATE OF DEATH
PLACE OF BIRTH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1049**

BIRTH NO. **51 1049**

1. NAME OF DECEASED (Type or Print) Caroline H. Schreiber			2. DATE OF DEATH Feb. 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-08		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4700 Harford Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2249 Cecil Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 2, 1866		9. AGE (In years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME ? Sonneborne			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Joseph P. Schreiber, 2249 Cecil Avenue		

18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Arteriosclerotic Cardiovascular Disease DUE TO (C) Vascular Disease	INTERVAL BETWEEN ONSET AND DEATH 1 day 12 June 1950

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12 June 1950 to 2-7et , 1951 that I last saw the deceased alive 2-7et , 1951 and that death occurred at 7 P m., from the causes and on the date stated above.					
23A. SIGNATURE Chas. W. Belmondo		23B. ADDRESS 2746 Alameda Blvd		23C. DATE SIGNED 3-7et-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/5/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc. 1217 St. Paul Street	

FEB 4 1951

93D

UNITED STATES GOVERNMENT
BUREAU OF REVENUE

1911

1

UNITED STATES

100% PAPER

U.S.A.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1050
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

REID

JOHNSON

2. DATE
OF
DEATH

Jan. 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

909 N. Central St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 3, 1901

9. AGE (in years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clara Johnson - 909 N. Central St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☒

Jan. 31, 1951

MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 11, 1911

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE
FOR THE YEAR 1910

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Carrie E Domschke

2. DATE
OF
DEATH

2-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Beechwood Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

1242 E North Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 4, 1885

9. AGE (In years last birthday)

65

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Deckard

14. MOTHER'S MAIDEN NAME

Ella Sebold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Domschke (Husband) 1242 E North Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of uterus
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)
DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1949 to Feb 1, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2739 Eastern Ave

2/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/5/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J Melville Jenkins 2713 Kirk Ave

VS 150

FEB 4 - 1951

J. Melville Jenkins.

48 B

correct age is especially important. Physicians, please sign.

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

State of _____

County of _____

City of _____

State of _____

County of _____

City of _____

State of _____

County of _____

City of _____

State of _____

County of _____

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State of _____

County of _____

City of _____

State of _____

County of _____

City of _____

State of _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1552

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

PHILIP T. KIRWAN

2. DATE
OF
DEATH

February 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3217 Brighton Street

C. Length of stay in Baltimore

30

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 3, 1889

9. AGE (In years last birthday)

61

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secret Service
Edgewood Arsenal

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Govt.

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Philip T. Kirwan

14. MOTHER'S MAIDEN NAME

Sara Walsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W. 1

16. SOCIAL SECURITY NO.

216-28-7111

17. INFORMANT

ADDRESS

Mabel E. Kirwan 3217 Brighton St.,

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular disease

X00000

ANTECEDENT CAUSES

(B)

Coronary insufficiency

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-5-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

V5 151 - 1951

773 91

61

MEDICAL CERTIFICATION

(continued)

1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

51 1053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1053

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond Martin

2. DATE
OF
DEATH

February 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Thor 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Pa. V-35

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Lancaster

D. STREET ADDRESS (If rural, give location)

149 1/2 N. Green St

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Male

White

Divorced

3-2-07

43

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wentz Martin

14. MOTHER'S MAIDEN NAME

Martha Andrews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 180X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma, left kidney C

DUE TO

Carcinomatous

@ 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 12-30, 1950, to 2-3, 1951, that I last saw the
deceased alive on 2-3, 1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Phyllis M. Laine

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/4/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/4/51

24C. NAME OF CEMETERY OR CREMATORY

Conestoga Park

24D. LOCATION (City, town, or county)

Lancaster Pa

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

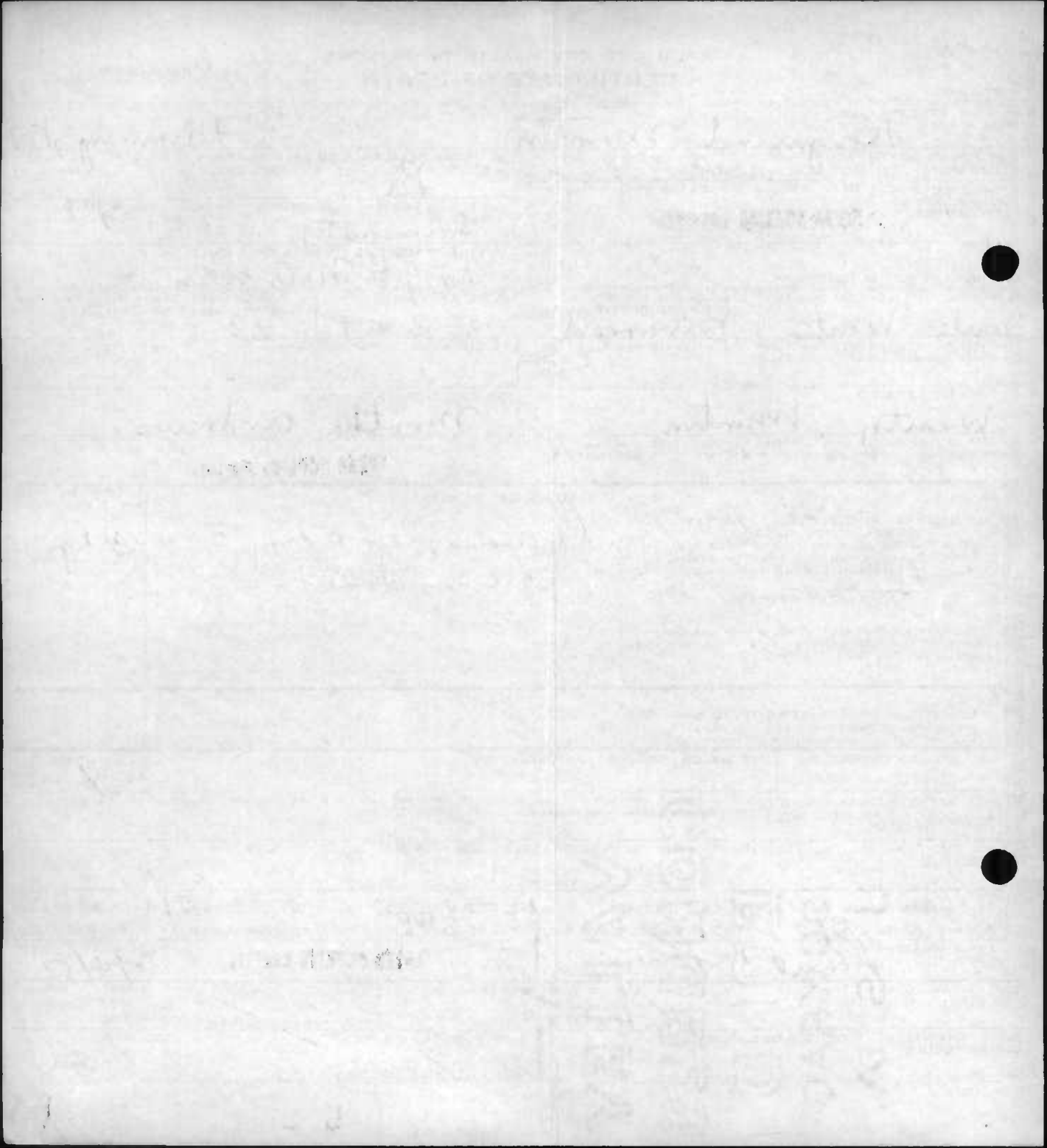
Wm. J. Fickner Sons Rt Pa Ave.

VS 150

51 1053

52a

MEDICAL CERTIFICATION



212

51 1054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51 1054

1. NAME OF DECEASED
(Type or Print)

Albert Jacobs

2. DATE
OF
DEATH

1st Feb 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland Little Sister of the Poor

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1200 Valley St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

1200 Valley St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb 24 1881 69

9. AGE (In years last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Jacobs

14. MOTHER'S MAIDEN NAME

Clara Wesson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes, give war or dates of service

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Little Sister of the Poor

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

22E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1951, to Feb 1, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gell Hall M.D.

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Feb 2-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 900 E. Biddle St.

FEB 4 1951

937

RECEIVED
JAN 10 1935



635

51 1055

Riordan
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1055
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Don Riordan</i>		2. DATE OF DEATH <i>Feb 3rd 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. & L. and give township) <i>Baltimore 10-01</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>August 26 1871 79</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years: last birthday) <i>79</i>
13. FATHER'S NAME <i>Daniel Riordan</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) <i>Liberty town Ind</i>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <i>Catherine Costello</i>		17. INFORMANT <i>Little Sisters of the Poor</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Chronic Myocarditis</i> DUE TO	<i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 10* —, 1950, to *Feb 3* —, 1951, that I last saw the deceased alive on *Feb 4* —, 1951, and that death occurred at *5 A.* m., from the causes and on the date stated above.

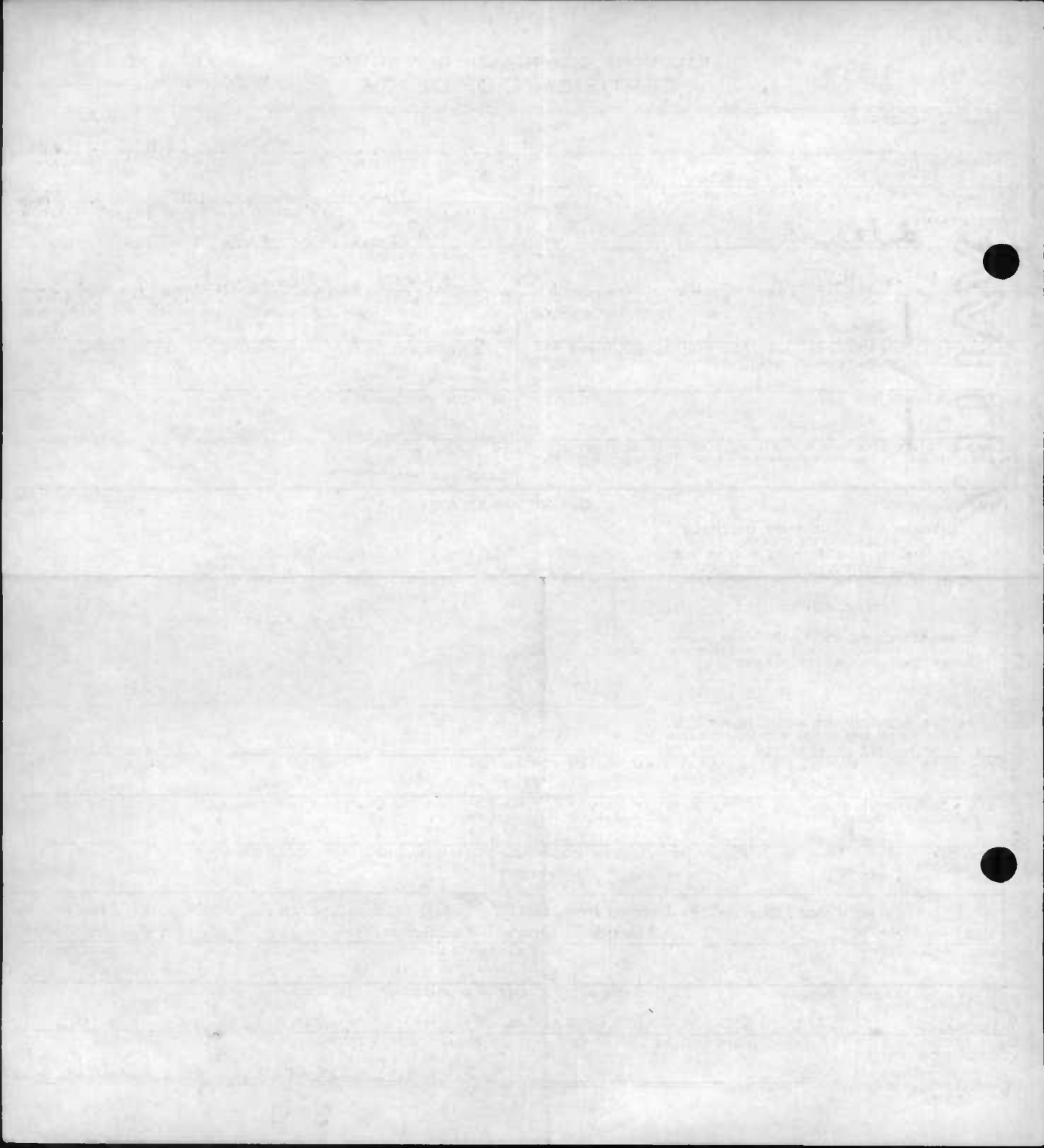
23A. SIGNATURE <i>E. Gill Hall M.D.</i>	23B. ADDRESS <i>1631 E. North Ave</i>	23C. DATE SIGNED <i>Feb 3-1951</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 6, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 4-1951</i>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR <i>Rita Weedenfeld</i>
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9510201054

937



164

51 1056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1056

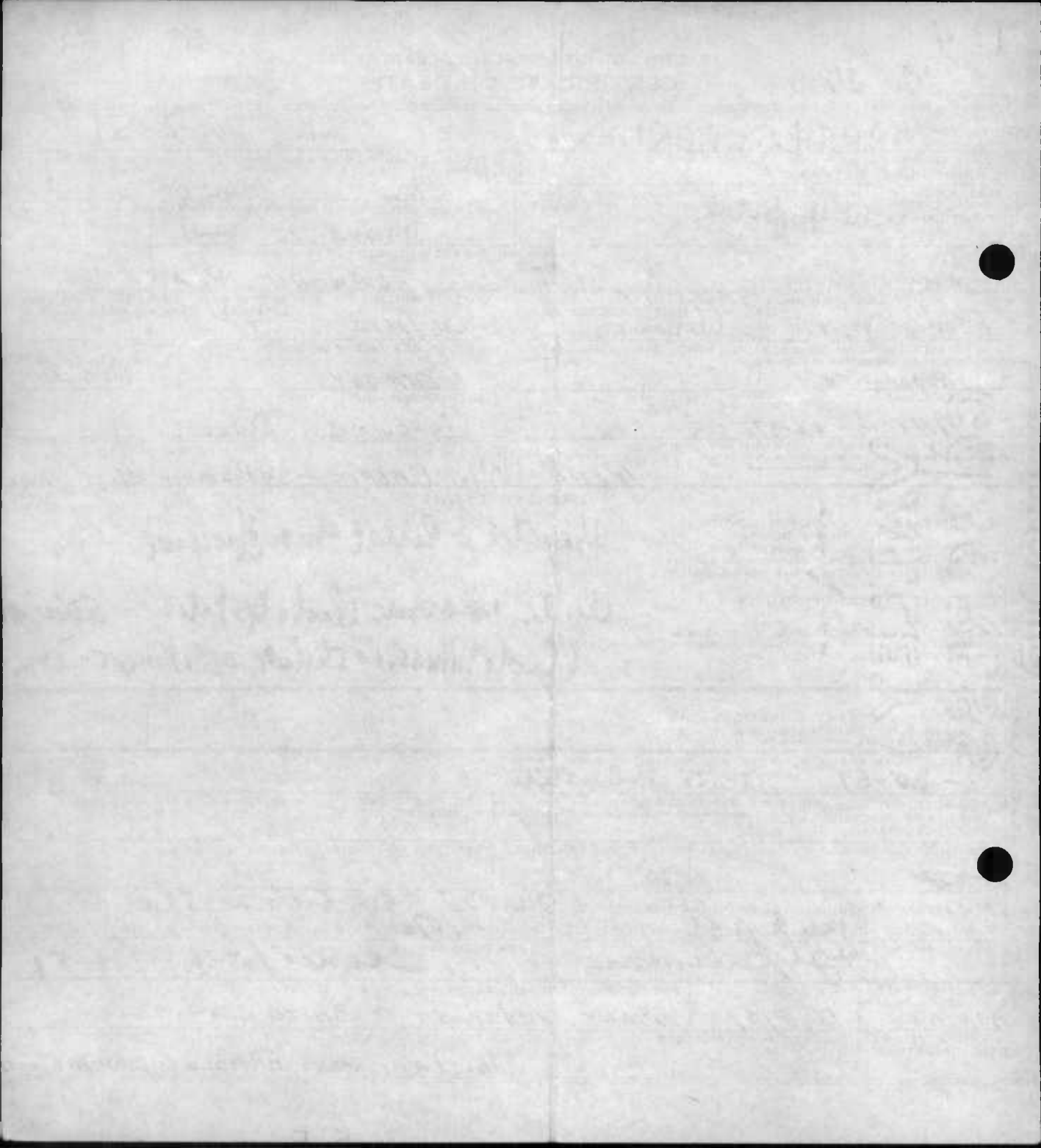
Registered No. _____

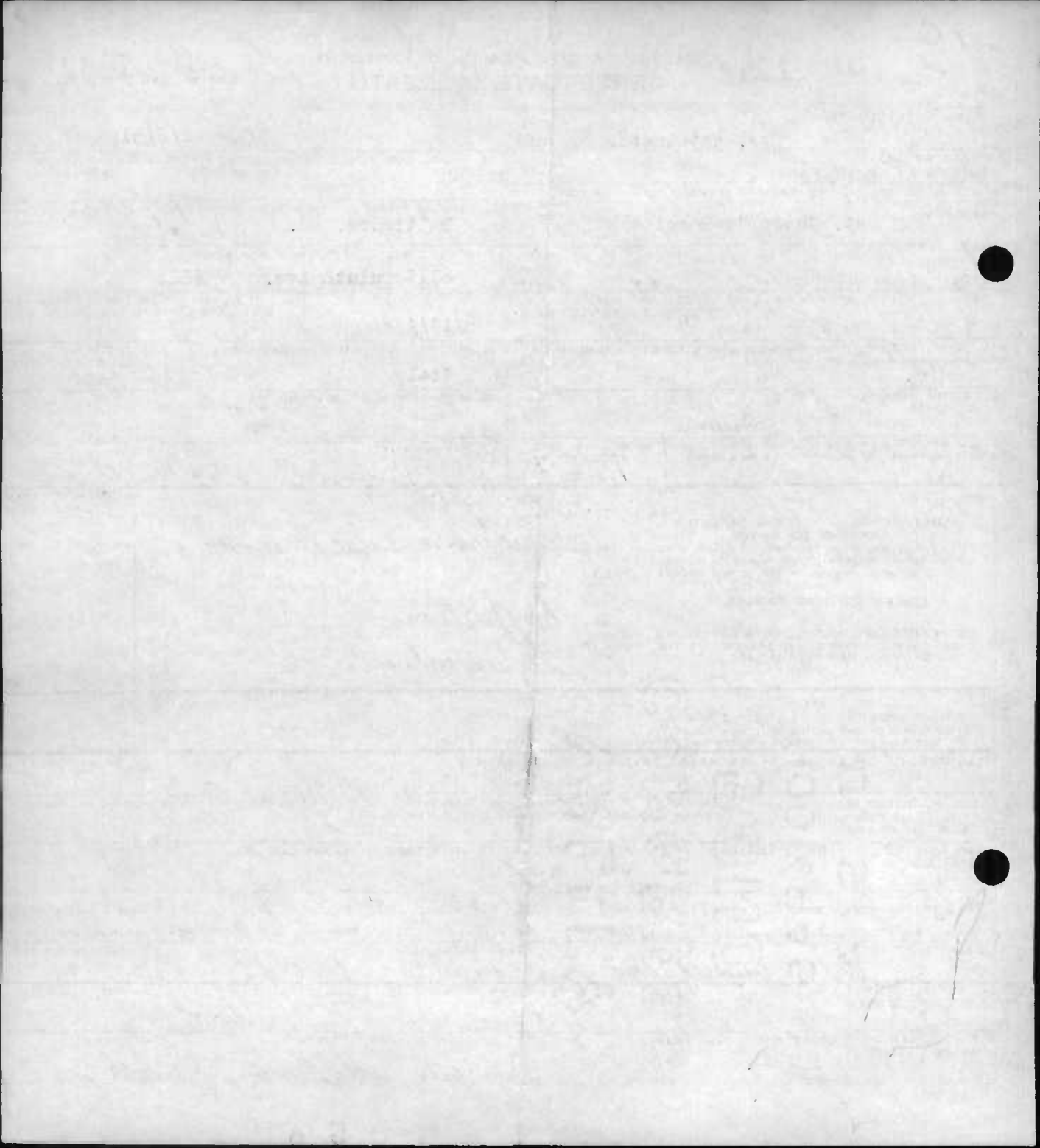
BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) SARAH E. OBERLE		2. DATE OF DEATH 2-2-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY BALTO			
B. FULL NAME OF HOSPITAL OR INSTITUTION Smear Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DUNDALK (22) 5200			
C. Length of stay in Baltimore 3 Days		D. STREET ADDRESS (If rural, give location) 26 TOWNSHIP ROAD			
5. SEX FEM.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2/26/1872	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANY	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME ANTON PLATZER		14. MOTHER'S MAIDEN NAME CAROLINE DULL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS Wm. OBERLE - 34 PORTSHIP Rd., DUNDALK	
18. 584 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEPATIC & RENAL INSUFFICIENCY CAUSE OF DEATH Acute & Chronic Cholecystitis - 5 days Cholelithiasis & Cholecholelithiasis - 2 1/2		INTERVAL BETWEEN ONSET AND DEATH 1			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2-30-51		19B. MAJOR FINDINGS OF OPERATION Acute cholecystitis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY 4:07 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 30, 1951 to Feb 2, 1951 , that I last saw the deceased alive on Feb 2, 1951 and that death occurred at 4:07 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. Oberle		23B. ADDRESS Servais / Fox		23C. DATE SIGNED 2-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/5/51		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) BALTO., md.		25. FUNERAL DIRECTOR WALTER BROOKS BRADLEY, DUNDALK, md.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			

MEDICAL CERTIFICATION

EB4-1951
VS 150

126





**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1058**

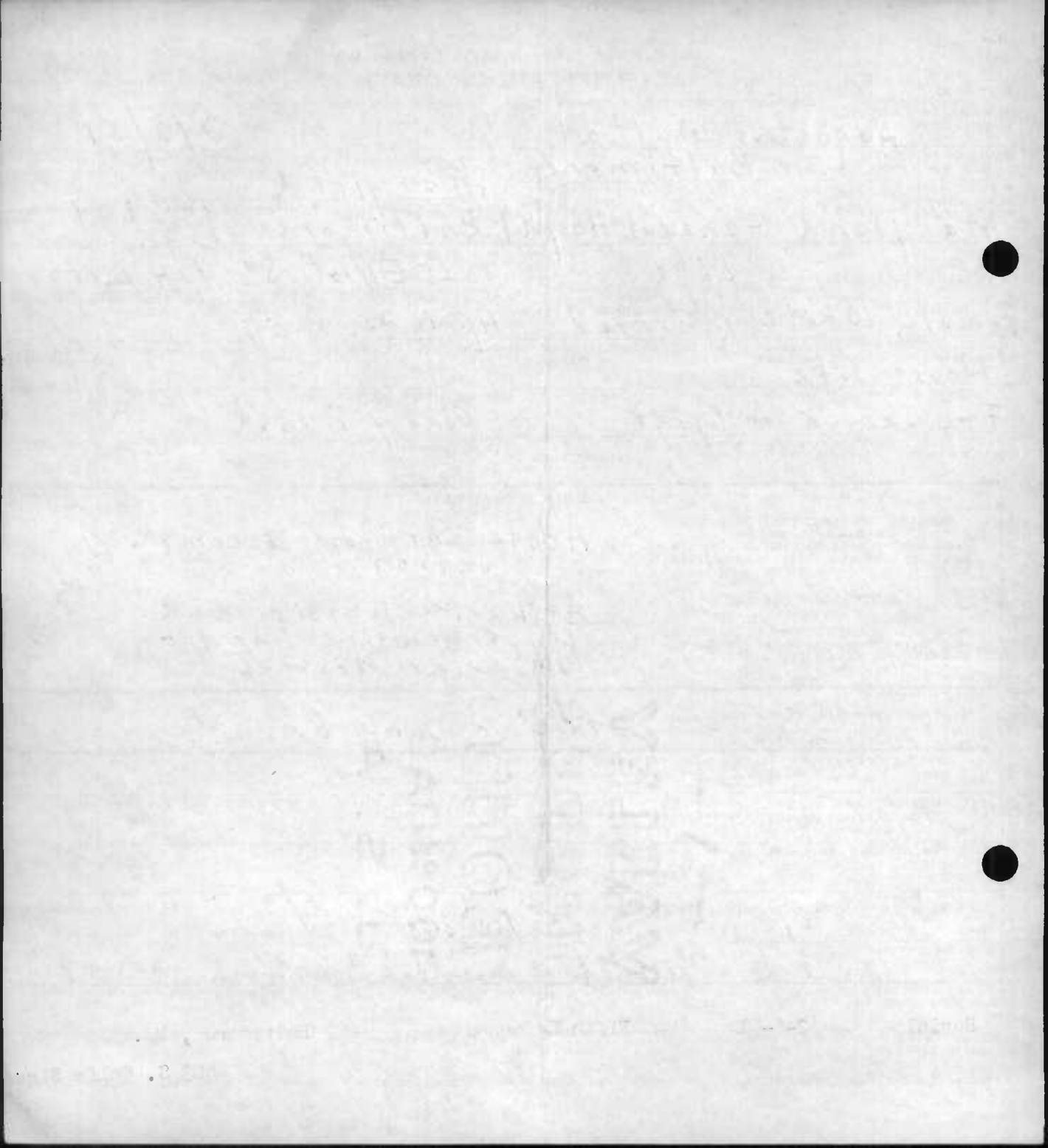
BIRTH NO. **51 1058**

1. NAME OF DECEASED (Type or Print) Augustus Walton			2. DATE OF DEATH 2/3/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Maryland General Hospital Baltimore 1-01			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore Life.			D. STREET ADDRESS (If rural, give location) 3025 Elliot St. #24. Balto.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23, 57		9. AGE (in years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME Frederick Allgier			14. MOTHER'S MAIDEN NAME Mary Blask.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

<p>18. 443X and 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Acute cardiac decompensation DUE TO</p> <p>(B) Artherosclerosis and Hypertensive Cardiovascular disease. DUE TO</p> <p>(C) Carcinoma of breast</p>	<p>INTERVAL BETWEEN ONSET AND DEATH Unknown</p>
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19A. DATE OF OPERATION 2/3/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1/51 to 2/3/51 , 19 51 , that I last saw the deceased alive on 2/3/51 , 19 51 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul G. Herald		23B. ADDRESS Maryland Gen. Hosp		23C. DATE SIGNED 2-3-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-6-51		24C. NAME OF CEMETERY OR CREMATORY Fifth Reformed	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Lilly & Zick			

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS 403 S. Wolfe Street	
----------------------------------	--	-----------------------	--	---------------------------------------	--



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1059**

BIRTH NO. **48-13529**

1. NAME OF DECEASED (Type or Print) MARSHA BROSH		2. DATE OF DEATH February 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1721 Ritter Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 7-2-48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Infant	
13. FATHER'S NAME John Joseph		14. MOTHER'S MAIDEN NAME Grace Stolte	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Brosh		ADDRESS 1721 Rita Road.	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congenital heart disease Mongolian idiocy		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *R. Fisher* 23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐ 23C. DATE SIGNED **Feb. 2, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2-5-51** 24C. NAME OF CEMETERY OR CREMATORY **Sacred Heart** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR *Helga Z...* ADDRESS **403 S. Wolfe Street**

CERTIFICATE OF DEATH

State of

County of

City of

No.

Date of Death

Attest my hand and seal of office this day of

19

Witness my hand and seal of office this day of

19

Attest my hand and seal of office this day of

19

Attest my hand and seal of office this day of

19

Attest my hand and seal of office this day of

19

Attest my hand and seal of office this day of

19

Attest my hand and seal of office this day of

19

Attest my hand and seal of office this day of

19

Attest my hand and seal of office this day of

19

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1060
Registered No.

BIRTH NO. 51 1060

1. NAME OF DECEASED (Type or Print) BERTRUM E. FARRELL			2. DATE OF DEATH Feb. 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New Jersey B. COUNTY Morris		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Morristown		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 237 St. Washington St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH July, 29, 1929		9. AGE (In years last birthday) 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10B. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (State or foreign country) Morristown N.J.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Farrell			14. MOTHER'S MAIDEN NAME Minnie Savage		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) at present			16. SOCIAL SECURITY NO.		
17. INFORMANT Records, Army Chemical Center, Md.			ADDRESS		

1B. E 816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of the skull (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Feb. 3, 1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore Co. Martin Blvd. & Pulaski Highway	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 3, 1951 12:04 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto into tractor and trailer truck	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley B. Dineen</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 3, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Feb. 4, 1951		24C. NAME OF CEMETERY OR CREMATORY Lanternman + Hughes		24D. LOCATION (City, town, or county) (State) Morristown N.J.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Howard K. Williams		ADDRESS 59591 Abingdon, Md.	

12/1/48

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

JACOB BRADSHAW

2. DATE
OF
DEATH

Feb 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 10-82

D. STREET ADDRESS (If rural, give location)

845 McKim St.

Length of stay in Baltimore

26 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 5, 1893

9. AGE (In years
last birthday)

58 58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STEEL WORKER

10B. KIND OF BUSINESS OR
INDUSTRY

STEEL MILL

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JACOB BRADSHAW

14. MOTHER'S MAIDEN NAME

ETTA STEPHENSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs J. D. Bradshaw 737 Oldham St

18. 322.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Fatty Liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic alcoholism

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection and Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher

23B. CHIEF MEDICAL EXAMINER..... ☐MEDICAL ASSISTANT MEDICAL EXAMINER..... ☒

23C. DATE SIGNED

Feb 4, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

Windsor Cemetery

James L. Bullock, Smithfield, Virginia

51 1062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1062

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

THADUES PYZDROWSKI

2. DATE

OF

DEATH February 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-05

D. STREET ADDRESS (If rural, give location)

130 S. Patterson Park Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 30 1900

9. AGE (In years
last birthday)

50

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Artist Painter

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Severyn Pyzdrowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W.W. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Agnes Posko 6700 German Hill Road

18. 4/22/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R.S. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 5 1951

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Mary

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John H. Weber

JAN 1 21951

VS 151

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✓

MEDICAL CERTIFICATION

ALLIANCE

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42051 1063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1063

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond E. Wallace

2. DATE
OF
DEATH

Feb. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1623 Barnes Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City

D. STREET ADDRESS (If rural, give location)

1623 Barnes Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

July 29 1917

9. AGE (In years
last birthday)

33

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

Sinai Hospital

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Iriene Pervis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-09-7660

17. INFORMANT

ADDRESS

Iriene Pervis 1623 Barnes Street

18. 442x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

hypertensive cardio-
renal disease

vsk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1950, to 2/2, 1951, that I last saw the
deceased alive on 1.26, 1951, and that death occurred at 12.10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

2-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/6/1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

VS 150

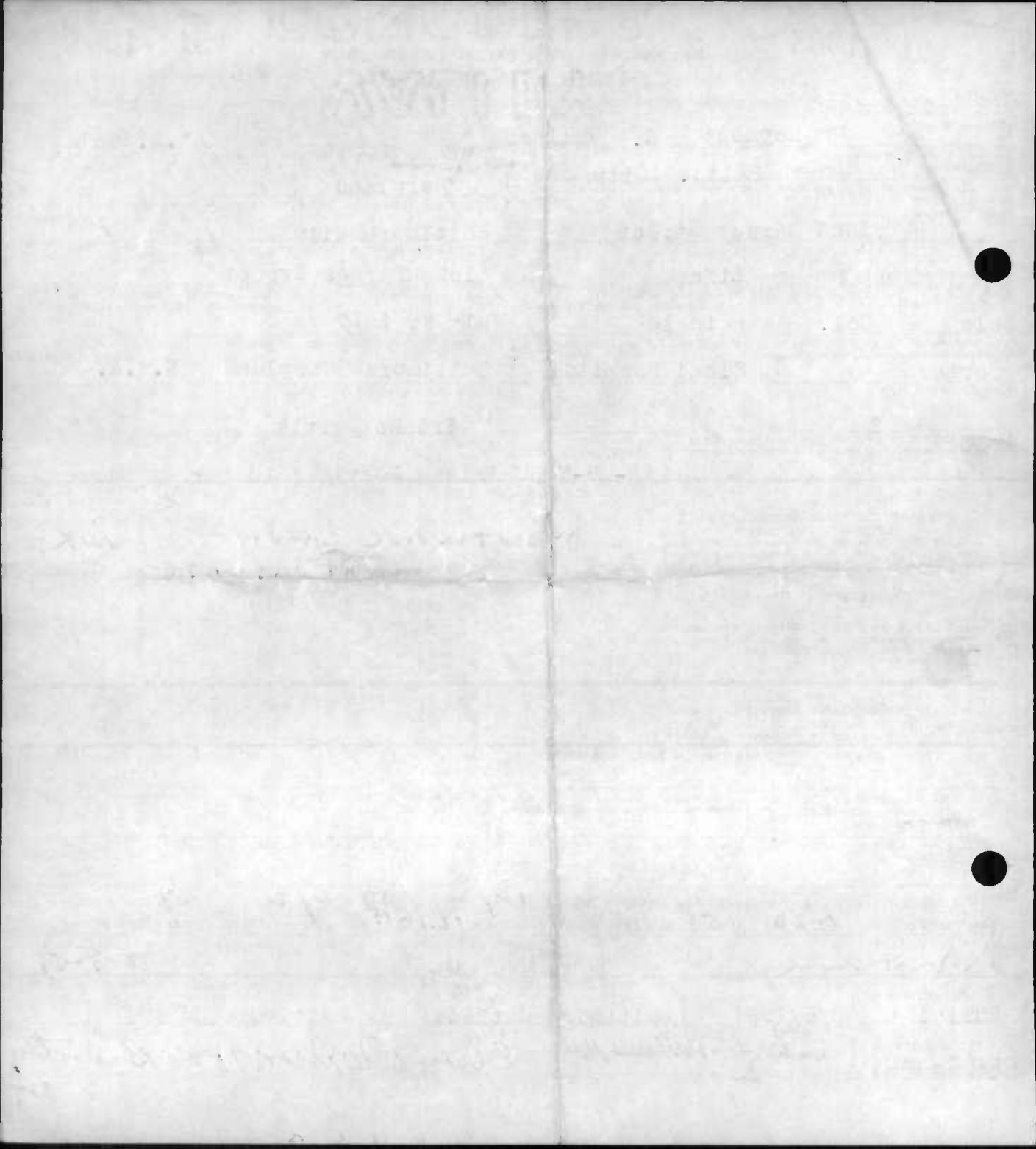
E. J. Williams, M.D.

E. J. Wilson, 1000 Brantly

780 8T

131a

MEDICAL CERTIFICATION



540 51 1064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1064

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida O'Neal

2. DATE
OF
DEATH Feb. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

IOII North Payson Street

C. CITY OR TOWN

Baltimore City

D. STREET ADDRESS (If rural, give location)

IOII North Payson Street

Length of stay in Baltimore

I Mos.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 28, 1900

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Bennettsville S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lake Radcliff

14. MOTHER'S MAIDEN NAME

Wilsie Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carrie Dillard IOII N. Payson St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma (rectum)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 mos.?

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 8, 1951 to Feb. 2, 1951 that I last saw the
deceased alive on Feb. 1, 1951 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

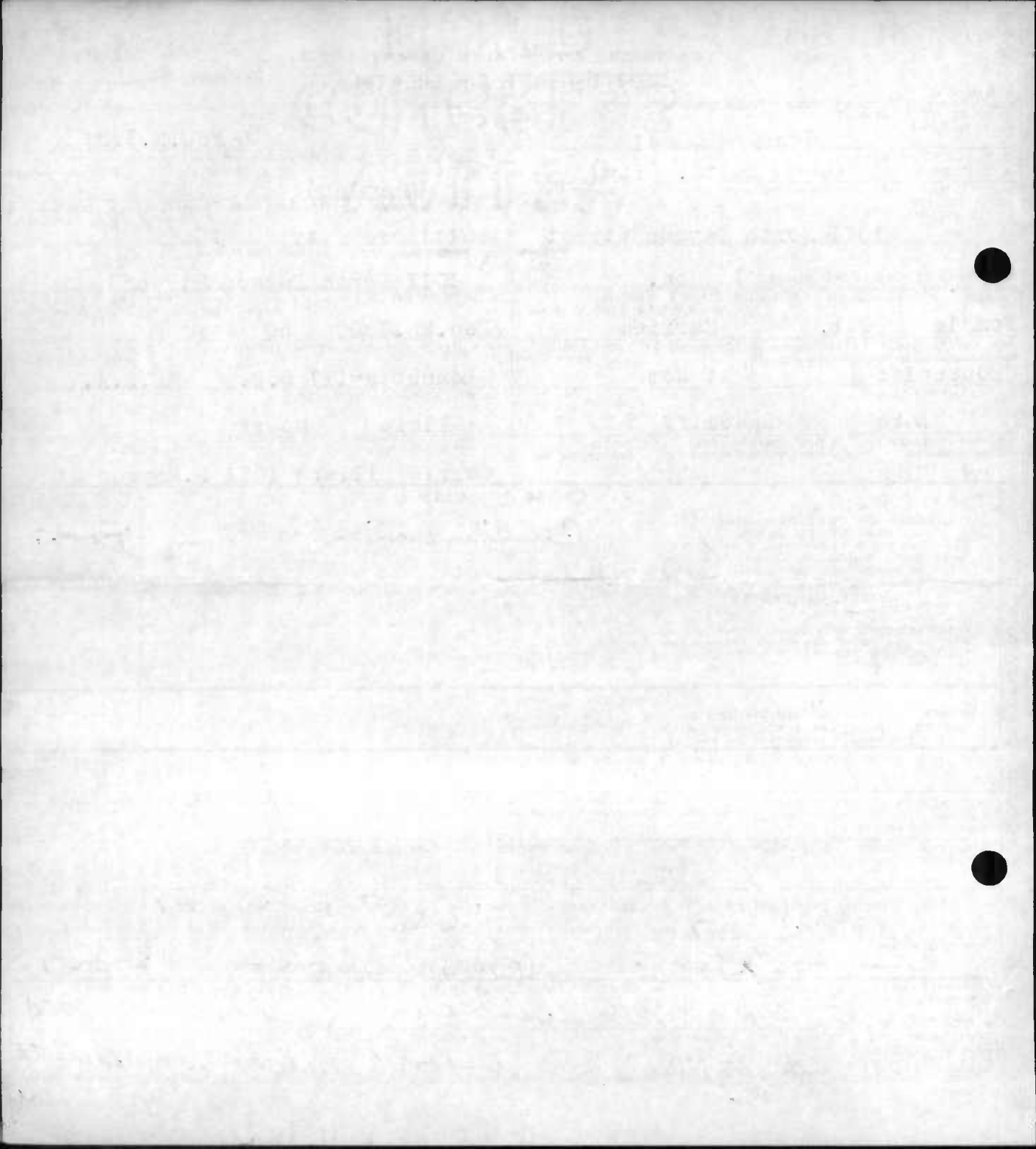
E. J. Williams

E. J. Wilson 1000 Brandy

VS 150

19510001063

46D and



250 51 1065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1065
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PRISCILLA

DIXON

2. DATE
OF
DEATH

February 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1220 E. Biddle Street

Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

June 9 18779. AGE (In years
last birthday)73If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYAt home

11. BIRTHPLACE (State or foreign country)

Baltimore Md12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frances Wilson 1220 E. Biddle St

18.

170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of breast~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Generalized anasarca

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William B. Burt23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 1, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

2/5/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 5 - 1951William B. Burt

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Buntley

VS 151

50 last

MEDICAL CERTIFICATION

EASTMAN CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of undertaker		12. Signature of witness	
13. Signature of funeral home		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

6261 1066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1066
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Claude Parker

2. DATE
OF
DEATH

Feb. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
612 E. 28th St.

Length of stay in Baltimore

30 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/19/1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Parker

14. MOTHER'S MAIDEN NAME

Emma Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes War # I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Addie Parker 612 E. 28th St

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

Eugene H. Williams, M.D.

Chas. S. Wilson, 1000 Brantley

VS 151

97099

935

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

UNITED STATES DEPARTMENT OF HEALTH

AND HUMAN SERVICES

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1067

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTIN A. ZEUN

2. DATE
OF
DEATH

Feb. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1525 S. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1525 S. Charles St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

OCT 20, 1876

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bartender

10B. KIND OF BUSINESS OR INDUSTRY
Tavern

11. BIRTHPLACE (State or foreign country)
Balto., Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
George C. Zeun

14. MOTHER'S MAIDEN NAME
Margaret Knause

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
217-16-6764A

17. INFORMANT (Write name)
Mrs. Mary E. (Betty) Zeun

ADDRESS 1525 S. Charles St.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Cerebral apoplexy.

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Atherosclerosis & Myocarditis

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1950, to Feb 2, 1951, that I last saw the deceased alive on Jan 30, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE
John G. Scheuch

23B. ADDRESS
1337 S. Charles St.

23C. DATE SIGNED
2/3/51

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Feb. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY
Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR
FEB 5 - 1951

REGISTRAR'S SIGNATURE
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR
G. Howard Evans

ADDRESS

1400 S. Charles St. - Balto 30, 750 6M 1066 935 male

MEDICAL CERTIFICATION

MARTIN LUTHER KING, JR.

MEMORANDUM

TO: THE SECRETARY OF DEFENSE

FROM: [illegible]

SUBJECT: [illegible]

DATE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

530
51 1068
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1068

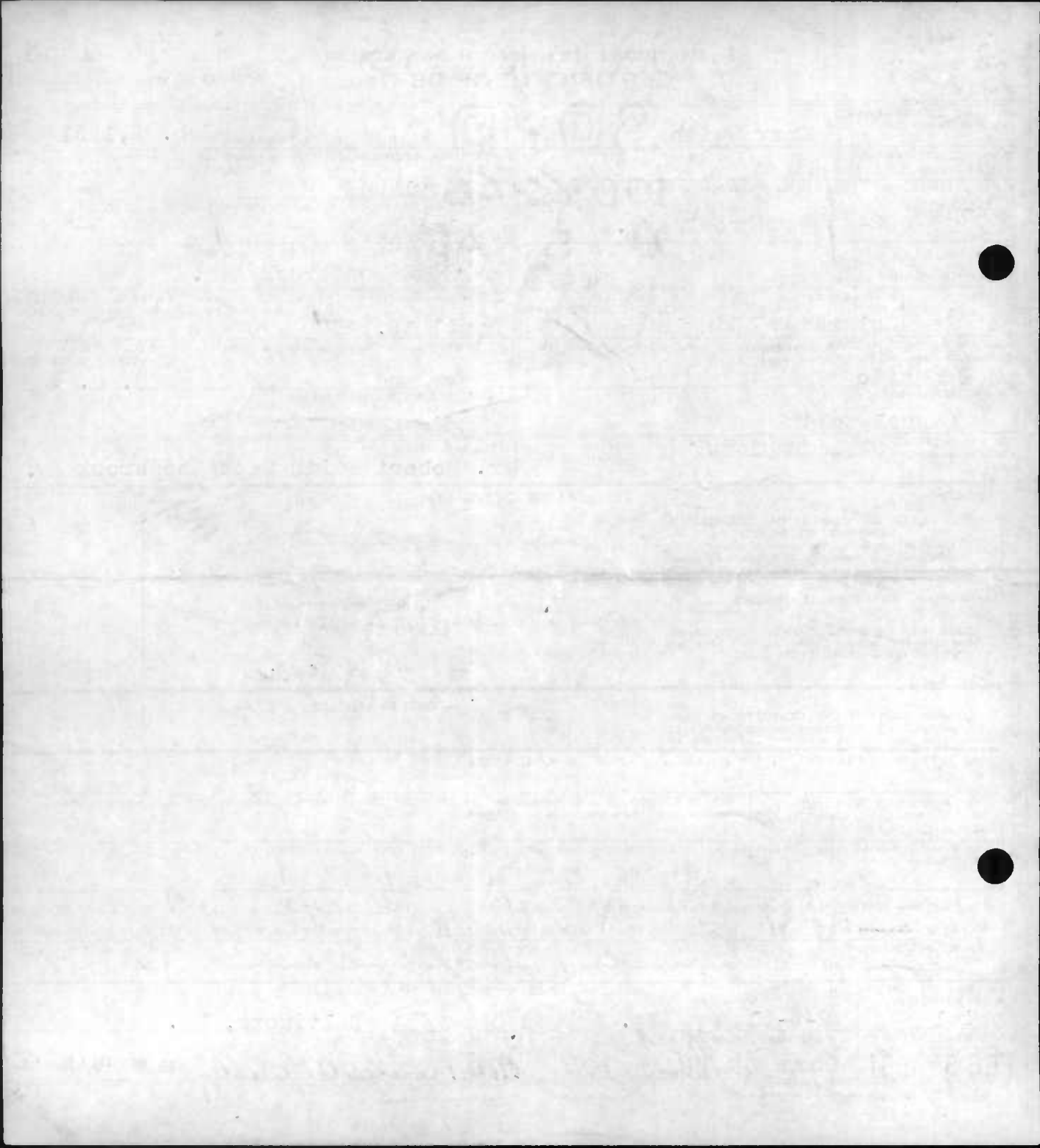
Registered No.

1. NAME OF DECEASED (Type or Print) Mary Smith		2. DATE OF DEATH Feb. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2442 Woodbrook Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 2442 Woodbrook Ave.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH April 19, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70
13. FATHER'S NAME Samuel Smith		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Annie Lewis	
17. INFORMANT Mr. Robert Smith		ADDRESS 2442 Woodbrook Av.	
1B. 470.0 CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Adiposclerosis DUE TO Heart Disease	
ANTECEDENT CAUSES		(B) 7 DUE TO CERTIFICATION APPROVED BY	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) B. P. Fisher CHIEF OR ASST. MEDICAL EXAMINER	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2:00 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 2/2 1951 , to 4/2 , 1951, that I last saw the deceased alive on 2/2 , 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.	
23A. SIGNATURE Stanford D. Prosser M. D.		23B. ADDRESS 1309 Grand Ave	
23C. DATE SIGNED 2-3-51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 2-5-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Mr. Frances A. Hensley	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.	
ADDRESS 578 W. Biddle St.		VS-1570 authorized by Medical Examiner.	

MEDICAL CERTIFICATION

7208A 001067

932



260
51 1069
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1069
Registered No.

1. NAME OF DECEASED (Type or Print) MELVIN R. TUCKER			2. DATE OF DEATH February 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2125 Walbrook Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1900		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Employee		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joseph Tucker			14. MOTHER'S MAIDEN NAME Amanda ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Willie Mae Tucker 2125 Walbrook A		

18. 754.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital aneurysm of Circle of Willis with Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE RS Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-6-51	24C. NAME OF CEMETERY OR CREMATORY Basil (Foots Hill)	24D. LOCATION (City, town, or county) (State) Cem Cockeysville, Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 5-1951	REGISTRAR'S SIGNATURE Franklin Williams, M.D.	25. FUNERAL DIRECTOR Mr. Francis A. Henley		ADDRESS 578 W. Biddle St.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1070

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Fannie FRANCES HUNTER			2. DATE OF DEATH February 4, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 2226 Callow Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 25, 1890		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Henry Lurey			14. MOTHER'S MAIDEN NAME Julia Margolis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Edna Luray 817 St Paul St		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage. Hypertensive cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH suddenly ??
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary hypertrophy		
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

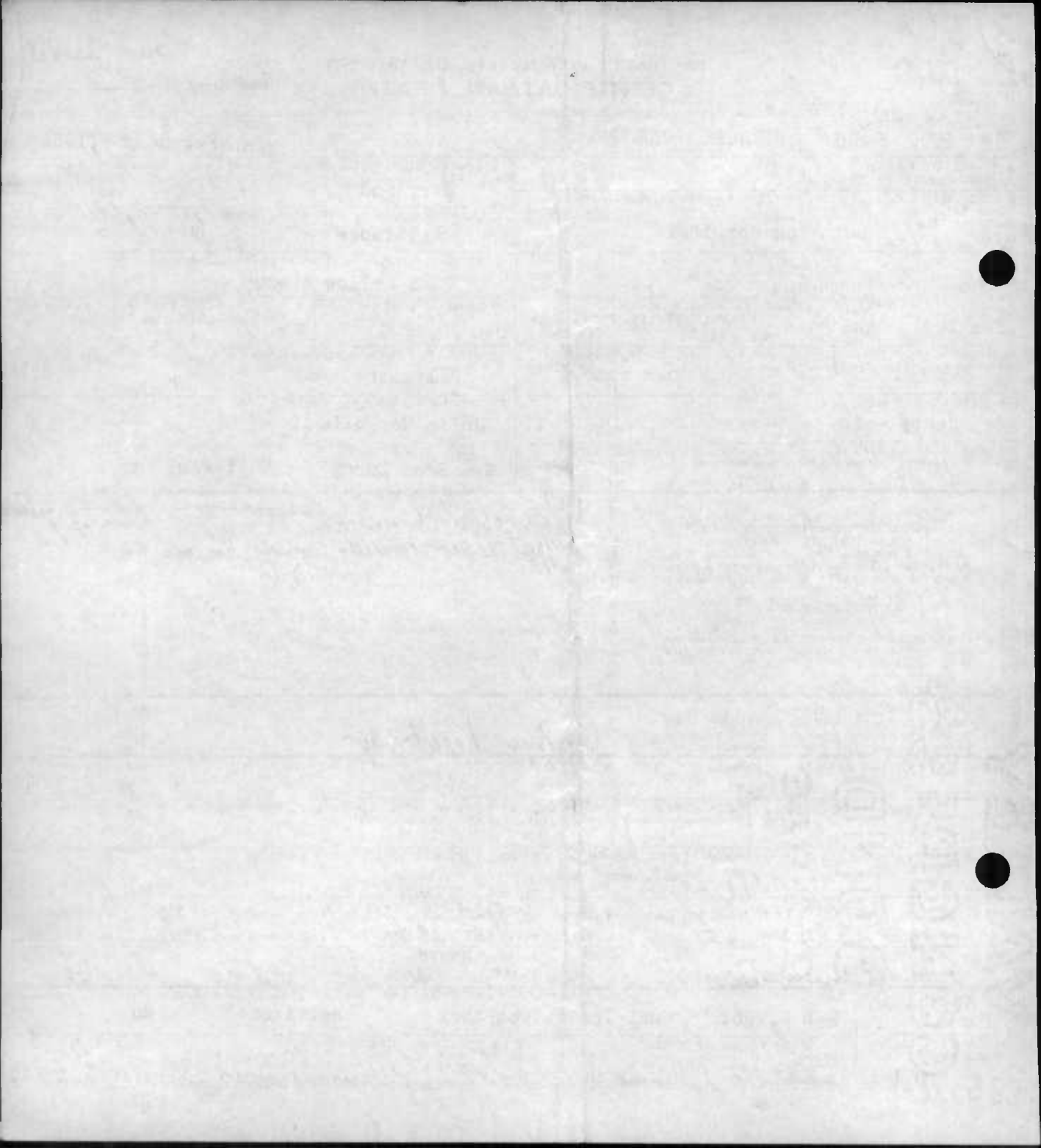
22. I hereby certify that I attended the deceased from **August**, 1950, to **4 February**, 1951, that I last saw the deceased alive on **4 February**, 1951, and that death occurred at **2:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Samuel Weisman, M.D.	23b. ADDRESS 4004 Liberty Heights Ave.	23c. DATE SIGNED 4 Feb. 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Bnai Israel Cemetery
24d. LOCATION (City, town, or county) (State) Baltimore Md		

DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951	REGISTRAR'S SIGNATURE Thurston Williams, Jr.	25. FUNERAL DIRECTOR Sol Lewinson	ADDRESS Burs W North ave
---	--	---	------------------------------------

MEDICAL CERTIFICATION

93D



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1071**

BIRTH NO. **622**

1. NAME OF DECEASED
(Type or Print)

Nettie A. Burgess

2. DATE OF DEATH **Feb. 3/51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

714 Glen Allen Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

15 S. Augusta Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 4, 1873

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William B. Chambers

14. MOTHER'S MAIDEN NAME

Mary Hockensmith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS **Mrs. John Lemen, 714 Glen Allen Dr.**

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **acute congestive cardiac failure**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **arteriosclerotic hypertensive cardiovascular disease**

DUE TO

(C) **pernicious anemia**

INTERVAL BETWEEN ONSET AND DEATH

Nov. 24 1950

10 yrs

15 yrs

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from **June 24, 1930** to **Feb. 3, 1951**, that I last saw the deceased alive on **Feb. 2, 1951**, and that death occurred at **12:35 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Harry H. Witzke

23B. ADDRESS

3030 Edmondson Ave.

23C. DATE SIGNED

2/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 5/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Pk.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

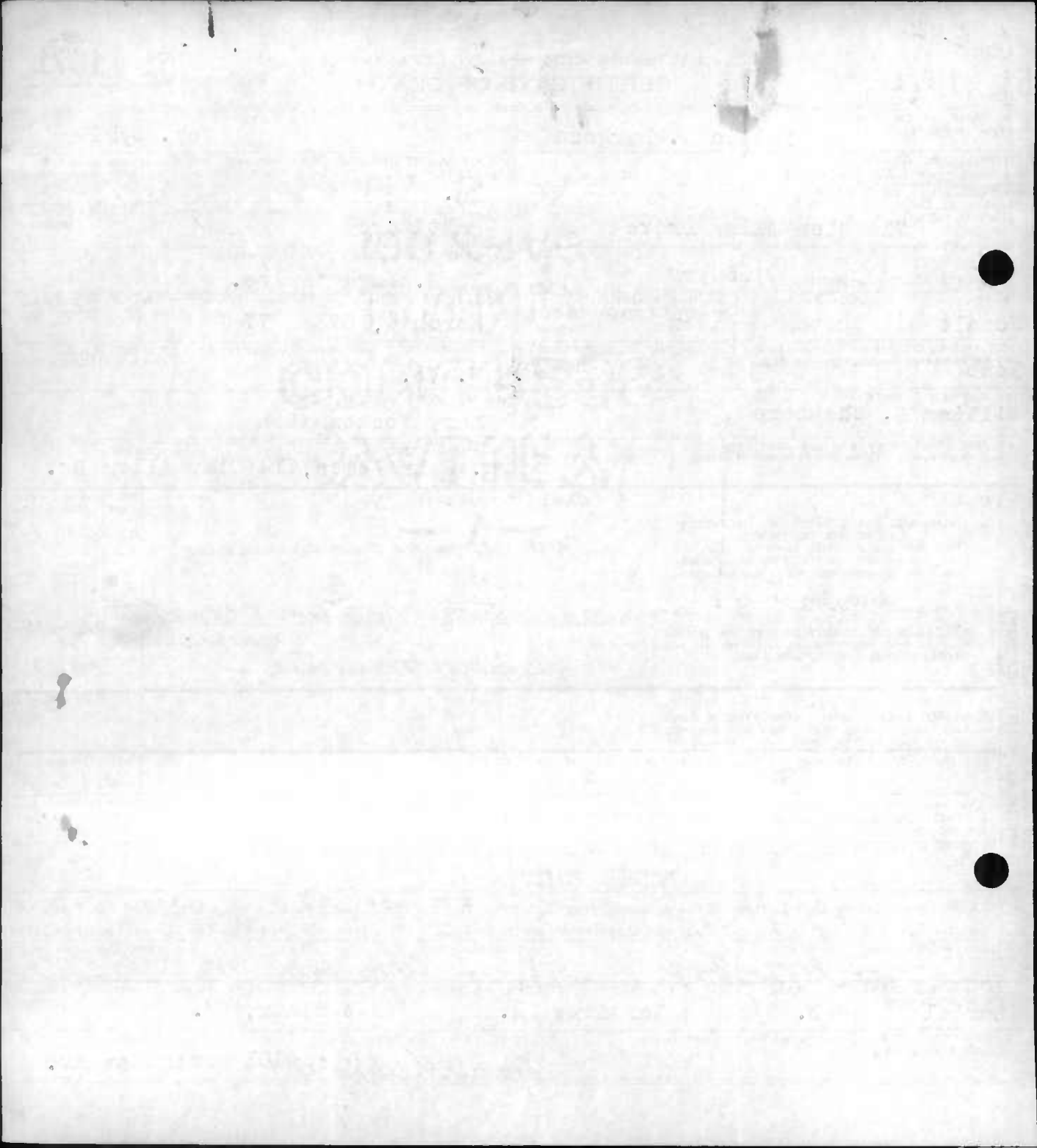
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke 4101 Edmondson Ave



520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1072

51 1072
BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Frieda Michel Funke (Mrs. R. H.)</i>			2. DATE OF DEATH <i>2-2-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>28</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>9 Mallow Hill Rd.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>2-19-1891</i>	9. AGE (in years last birthday) <i>59</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Bartholomew Michel</i>			14. MOTHER'S MAIDEN NAME <i>LENA LEU</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <i>Hospital History</i>		

18. <i>170 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hepatic Insufficiency</i> <i>carcinomatous, generalized</i> <i>Carcinoma of Breast.</i>	CAUSE OF DEATH (A) <i>Hepatic Insufficiency</i> DUE TO <i>carcinomatous, generalized</i> (B) <i>Carcinoma of Breast.</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs -</i> <i>↓</i>
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

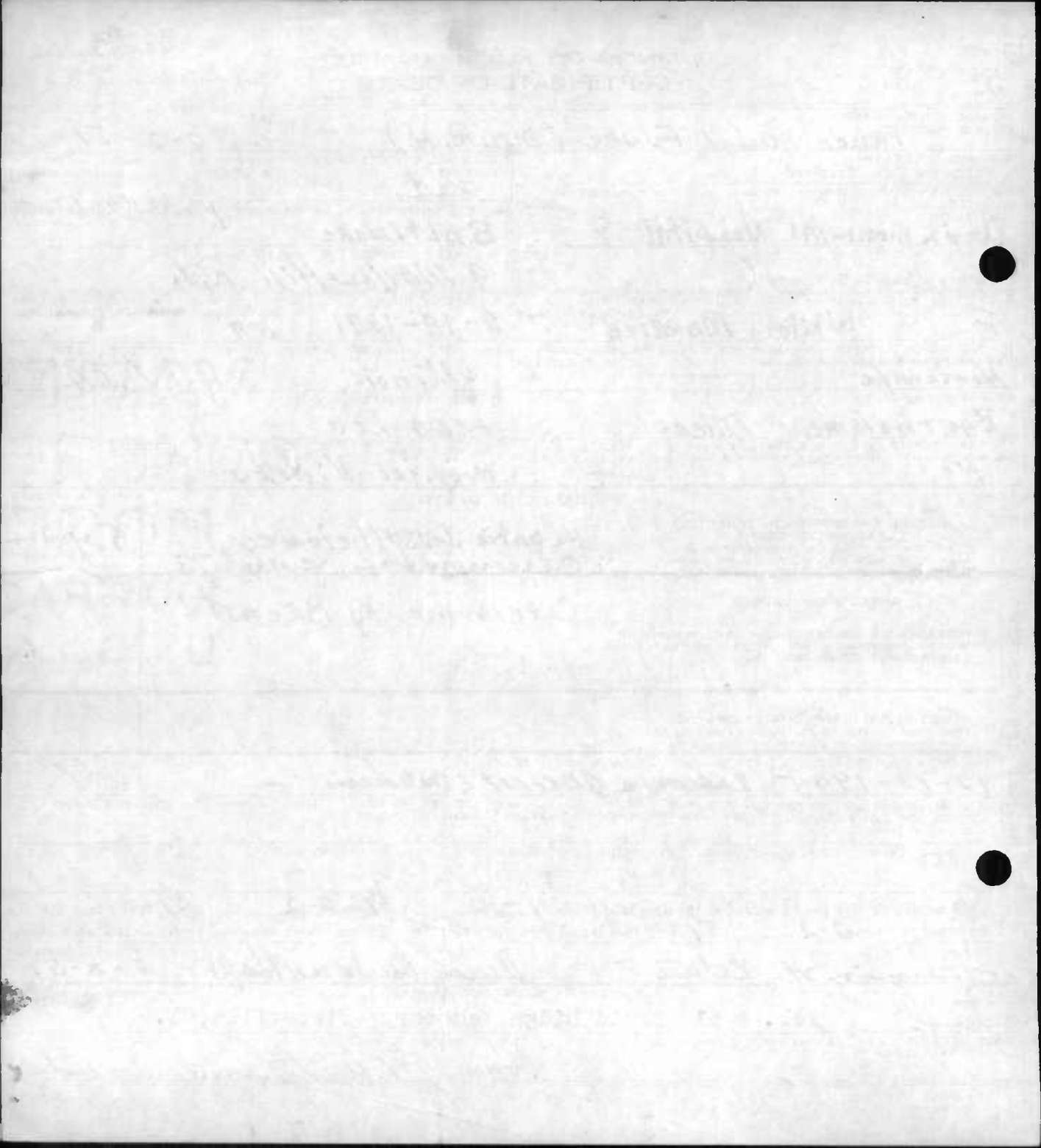
19A. DATE OF OPERATION <i>12-13-1945</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Breast - metastasis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *1-12*, 19*51*, to *2-2*, 19*51*, that I last saw the deceased alive on *2-2*, 19*51*, and that death occurred at *5:25* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Francis H. C. C. C.</i>	23B. ADDRESS <i>Union Memorial Hosp</i>	23C. DATE SIGNED <i>2-2-51</i>
--	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 3/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>
--	-------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR <i>Harvey H. White</i>	ADDRESS <i>4101 Edmondson Ave</i>
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51 1073

51 1073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-02387

1. NAME OF DECEASED
(Type or Print)

Baby Boy Friedman

2. DATE
OF
DEATH

11/30/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

c. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

28-41

d. STREET ADDRESS (If rural, give location)

3806 Woodbine Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/30/51

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

4 15

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Milton Friedman

14. MOTHER'S MAIDEN NAME

Sadie Marcus

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30/51, 19__, to 11/30/51, 19__, that I last saw the
deceased alive on 11/30/51, 19__ and that death occurred at 9:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

1213 Light Street

23c. DATE SIGNED

11/30/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

FEB 5

1951

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 5 - 1951

REGISTRAR'S SIGNATURE

L. H. Williams, Jr.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

~~SECRET~~

U.S. AIR FORCE

BOARD

COMMISSION

AVIATION

51 1074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1074
Registered No.

BIRTH NO. 51-01978

1. NAME OF DECEASED
(Type or Print)

Baby Boy Stonesifer

2. DATE
OF
DEATH

1/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/27/51

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

3

15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles A. Stonesifer

14. MOTHER'S MAIDEN NAME

Doris Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27/51, 19__, to 1/27/51, 19__, that I last saw the
deceased alive on 1/27/51, 19__, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1213 Light Street

1/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5-1951

J. Williams, M.D.

Commissioner of Health

VS 150

19510001073

159

MEDICAL CERTIFICATION

• • •

CERTIFICATE CORRECTED 2-23-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 1075

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hannah Valder

2. DATE
OF
DEATH

2/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MARYLAND* B. COUNTY *BALTIMORE*

B. FULL NAME OF HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
PARKVILLE 5300

D. STREET ADDRESS (If rural, give location)
2934 Putty Hill Ave

Length of stay in Baltimore

25

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 29, 1881

9. AGE (In years last birthday)

68-69

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DAVID Johnston

14. MOTHER'S MAIDEN NAME

HAMMOND

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

DANIEL S. HOLER

ADDRESS

2934 Putty Hill Ave

18. *193X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cardio - Respiratory arrest*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Post-operative shock*

DUE TO

(C) *Meningeal sarcoma*

INTERVAL BETWEEN ONSET AND DEATH

1 day

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/23/51

19B. MAJOR FINDINGS OF OPERATION

Meningeal sarcoma

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 11, 1951* to *Feb 2, 1951*, that I last saw the deceased alive on *Feb 2, 1951* and that death occurred at *7 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Erwin S. Hoyt

M. D.

23B. ADDRESS

UNIVERSITY HOSP.

23C. DATE SIGNED

2/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/6/51

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEM.

24D. LOCATION (City, town, or county)

BALTIMORE MARYLAND

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Charles A. Evans & Son Inc

ADDRESS

118 W. Mt. Royal Ave.

54B

6

PARTIAL

020

MT. Hore

625
51 1976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1076
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Marcese W. Burgan		2. DATE OF DEATH Feb. 2 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-10 D. STREET ADDRESS (If rural, give location) 6019 Sycamore Rd.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 00 6019 Sycamore Rd.		C. Length of stay in Baltimore Life			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1889	9. AGE (in years last birthday) 62	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Lot R. Wilson		14. MOTHER'S MAIDEN NAME Ann Mercier	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. ---		17. INFORMANT John K. Burgan	
ADDRESS 6019 Sycamore Rd.					
18. 160x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Emaciation ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of autum root 3 yr. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Uremia Emaciation Carcinoma of autum root 3 yr.		INTERVAL BETWEEN ONSET AND DEATH 1 wk 4 mo (over) 3 yr.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION ---		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 15, 1948 to Feb , 1951, that I last saw the deceased alive on Jan 30, 1951 , and that death occurred at 1205 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Fredrick J. Schumacher		23B. ADDRESS 6100 York Road		23C. DATE SIGNED Feb 2 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/5/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
24D. LOCATION (City, town or county) Baltimore, Md.		25. FUNERAL DIRECTOR John A. Mory ADDRESS 3000 E. Balto. St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951		REGISTRAR'S SIGNATURE Washington Williams, M.D.		VS 150	

MEDICAL CERTIFICATION

1951001075

557

Was there any indication
in deceased's clinical history as to
the probable primary site
of the malignancy?

Probable primary site -- "Rt. Antrum"

See Document File 51-1076
ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1077
Registered No.

600
51 1077
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Vernon L. Care			2. DATE OF DEATH Feb. 3, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 931 S. Brunswick St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 931 S. Brunswick St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-21-1900		9. AGE (in years last birthday) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Foreman			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME George B. Care			14. MOTHER'S MAIDEN NAME Ida L. Knight		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 705-05-028		
17. INFORMANT Viola E. Care			ADDRESS 931 S. Brunswick St.		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery occlusion		INTERVAL BETWEEN ONSET AND DEATH 25 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 8, 1951 to Feb 3, 1951 , that I last saw the deceased alive on Jan 31, 1951 , and that death occurred at 12:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. M. Collins		23b. ADDRESS 5321 Frederick Ave		23c. DATE SIGNED 2/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-1951		24c. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park	
24d. LOCATION (City, town, or county) Baltimore		24e. STATE Md.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 5-1951		REGISTRAR'S SIGNATURE John A. Williams, M.D.		25. FUNERAL DIRECTOR John A. Moran	
VS 150		ADDRESS 3000 E. Balto. ST.			

(J. M. Collins) 95 528500 076 94a

3821 Fred. Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1078

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ellen A. Strauch		2. DATE OF DEATH 2-3-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 502 E. 39th. St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Life		E. STREET ADDRESS (If rural, give location) 502 E. 39th. St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-31-1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73
13. FATHER'S NAME John F. Hogan		14. MOTHER'S MAIDEN NAME Catherine McGee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John H. Strauch		ADDRESS 502 E. 39th. St.	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral embolism		
	DUE TO		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial infarction		
	DUE TO		
	Arteriosclerosis generalized		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 44 , to Feb , 19 51 , that I last saw the deceased alive on Feb 2 , 19 51 , and that death occurred at 1:15A m. , from the causes and on the date stated above.					
23A. SIGNATURE Fredrick J. Volmer		23B. ADDRESS 6100 York Road		23C. DATE SIGNED Feb 4 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-6-1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. (State) Md.		25. FUNERAL DIRECTOR John Q. Moran	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 1951		REGISTRAR'S SIGNATURE Wilmington Williams		ADDRESS 3000 E. Baltimore St.	

1951 0001077

94a

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

AGE

CAUSE OF DEATH

PLACE OF BIRTH

EDUCATION

DATE OF BIRTH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1079
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frances M. Coffey		2. DATE OF DEATH Feb. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 918 Belgian Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 918 Belgian Ave.		E. LENGTH OF STAY IN BALTIMORE LIFE	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 16-1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 40
13. FATHER'S NAME GEORGE J. KROUSE		11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. *****		14. MOTHER'S MAIDEN NAME ELIZABETH WITTMAN	
17. INFORMANT WILLIAM R. COFFEY		ADDRESS SAME	

18. 490 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia DUE TO ANTECEDENT CAUSES		CAUSE OF DEATH Lobar pneumonia	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dineacher</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED Feb. 3, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB. 5/51	24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY	24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND	
25. FUNERAL DIRECTOR <i>Wm. J. Williams, Jr.</i>		ADDRESS <i>1300 Eutan Pl.</i>		

UNITED STATES OF AMERICA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. NAME (Last, first, middle initial)
2. DATE OF BIRTH (Month/Day/Year)
3. SEX (Male/Female)
4. RACE (White/Black/Hispanic/Latina/Asian/Pacific Islander/Other)
5. ETHNICITY (Hispanic/Latina/Other)
6. ADDRESS (Street, City, State, ZIP)
7. CITY, STATE, ZIP
8. COUNTY
9. PHONE NUMBER (Area Code, Number)
10. SOCIAL SECURITY NUMBER
11. MARITAL STATUS (Married/Single/Divorced/Widowed)
12. OCCUPATION
13. EDUCATION (High School/Graduate School)
14. RELIGION
15. HIGHEST GRADE OF SCHOOL COMPLETED
16. CURRENT RESIDENCE (Rural/Urban/Suburban)
17. TYPE OF RESIDENCE (Single-Family Home/Apartment/Condo/Mobile Home/Other)
18. NUMBER OF ROOMS
19. NUMBER OF BATHS
20. TYPE OF HEATING (Gas/Oil/Coal/Wood/Other)
21. TYPE OF COOLING (Air Conditioning/Other)
22. TYPE OF WATER SUPPLY (Public/Private/Well)
23. TYPE OF SEWERAGE (Public/Private/Septic Tank/Other)
24. TYPE OF FLOORING (Hardwood/Carpet/Linoleum/Other)
25. TYPE OF WALLS (Drywall/Plaster/Other)
26. TYPE OF CEILING (Drywall/Plaster/Other)
27. TYPE OF ROOF (Asphalt/Shingles/Other)
28. TYPE OF FOUNDATION (Concrete/Brick/Other)
29. TYPE OF EXTERIOR FINISH (Siding/Brick/Other)
30. TYPE OF INTERIOR FINISH (Paint/Wallpaper/Other)
31. TYPE OF LIGHTING (Incandescent/Fluorescent/Other)
32. TYPE OF APPLIANCES (Refrigerator/Stove/Dishwasher/Washing Machine/Dryer/Other)
33. TYPE OF FURNITURE (Sofa/Chair/Bed/Other)
34. TYPE OF DECORATION (Paint/Wallpaper/Other)
35. TYPE OF LANDSCAPE (Lawn/Trees/Other)
36. TYPE OF NEIGHBORHOOD (Rural/Urban/Suburban)
37. TYPE OF COMMUNITY (Single-Family Home/Apartment/Condo/Mobile Home/Other)
38. TYPE OF UTILITIES (Gas/Water/Other)
39. TYPE OF TRANSPORTATION (Car/Bus/Other)
40. TYPE OF COMMUNICATIONS (Phone/Internet/Other)
41. TYPE OF RECREATION (Golf/Fishing/Other)
42. TYPE OF HOBBIES (Reading/Gardening/Other)
43. TYPE OF RELIGION (Catholic/Protestant/Other)
44. TYPE OF POLITICAL AFFILIATION (Democrat/Republican/Other)
45. TYPE OF VOTING (In Person/By Mail/Other)
46. TYPE OF EMPLOYMENT (Full Time/Part Time/Other)
47. TYPE OF EDUCATION (High School/Graduate School)
48. TYPE OF RELIGION (Catholic/Protestant/Other)
49. TYPE OF POLITICAL AFFILIATION (Democrat/Republican/Other)
50. TYPE OF VOTING (In Person/By Mail/Other)

50051 1080

51 1080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GENEVIEVE MOORE BEAN		2. DATE OF DEATH Feb. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 60 1301 Park Ave. Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01	
D. STREET ADDRESS (If rural, give location) 2 N. Hadley Square		E. LENGTH OF stay in Baltimore Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 4, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 71
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Hanson Moore		14. MOTHER'S MAIDEN NAME Sophia Alice Burch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Sophie B. Fewster - 2 N. Hadley Square		ADDRESS	

18. **420.0 and 002x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Instant.**?****2 yrs.**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

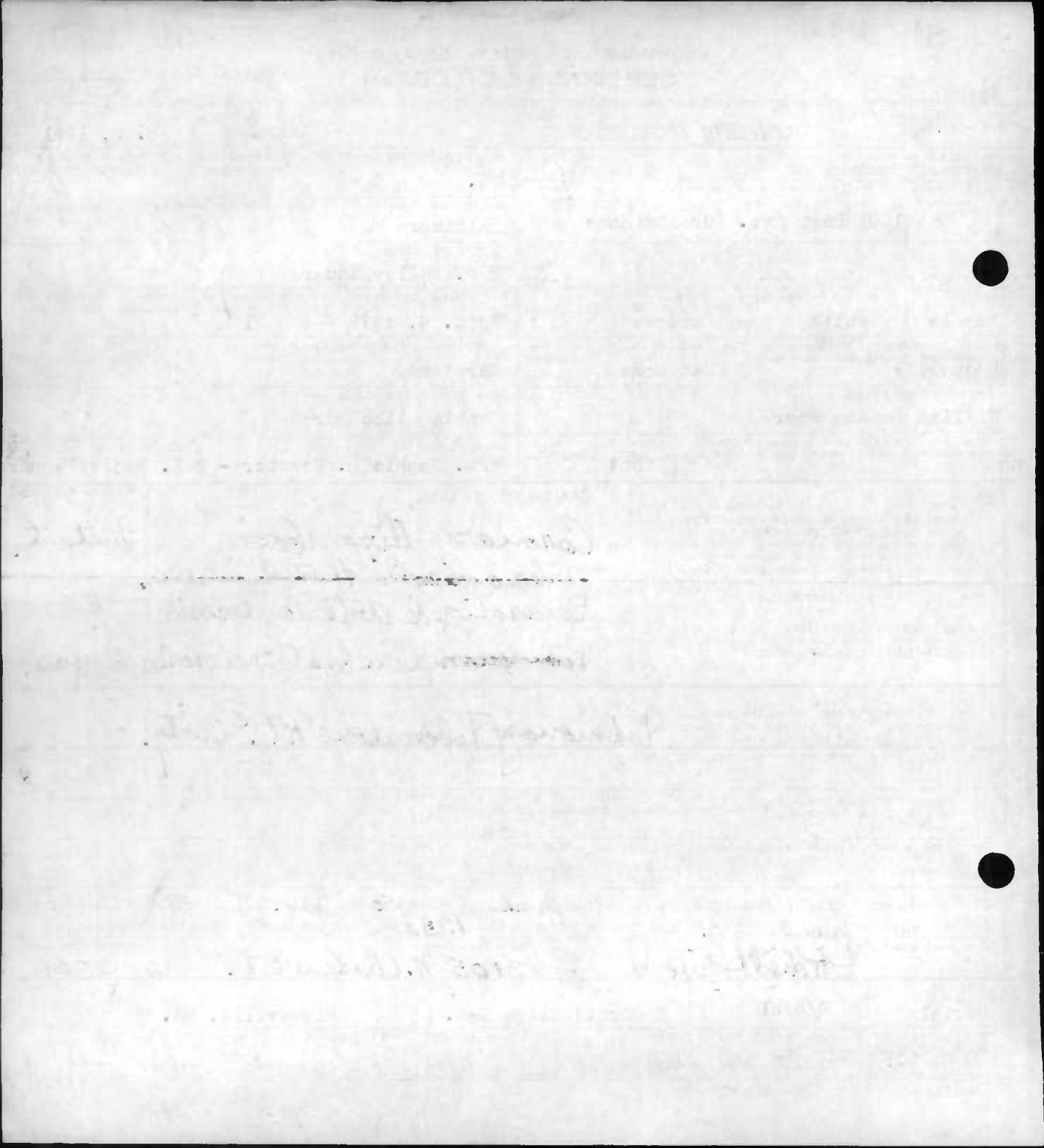
Pulmonary Tuberculosis Rt. Cavity.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1950 to Jan. 3, 1951 , that I last saw the deceased alive on Jan. 3, 1951 , and that death occurred at 1:15 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert H. Hine		23B. ADDRESS M. D. 3105 N. Charles St.		23C. DATE SIGNED 2-3-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/5/51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Mrs. J. L. Lickner & Sons - Balt. Md.		ADDRESS	

VS 150

19510001079 13B



51 1081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DONALD E. HAMMOND

2. DATE
OF
DEATH

Feb. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 412 N. Hilton St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 2007

D. STREET ADDRESS (If rural, give location)

412 N. Hilton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 27, 1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cashier

10B. KIND OF BUSINESS OR
INDUSTRY

Trucking

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawson M. Hammond

14. MOTHER'S MAIDEN NAME

Fannie M. Fox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-07-5442

17. INFORMANT

ADDRESS

Mrs. Martha S. Hammond - 412 N. Hilton St.

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary Thrombosis

40 mins.

ANTECEDENT CAUSES

(B) ...
DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1945 to Feb. 1951, that I last saw the
deceased alive on Feb. 3, 1951, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Morris W. Steinberg

M. D.

23B. ADDRESS

410 N. Hilton St.

23C. DATE SIGNED

Feb. 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/5/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 5-1951

REGISTRAR'S SIGNATURE

Phyllis Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thm. J. Tolaner & Sons - Balto.

VS 150

32052 1080 94a Md

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [REDACTED]

DATE: 10/1/68

RE: [REDACTED]

1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

18. [REDACTED]

19. [REDACTED]

20. [REDACTED]

21. [REDACTED]

22. [REDACTED]

23. [REDACTED]

24. [REDACTED]

25. [REDACTED]

315

51. 1082

51. 1082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frederick

AUGUST STOEBEENER

2. DATE
OF
DEATH

2.3.51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

BALTIMORE

b. FULL NAME OF
HOSPITAL OR
INSTITUTION32. STREET CAR (WILMOUTH
AND LIBERTY HEIGHTS)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3124 HOWARD PARK AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

Jan. 30, 1884

9. AGE (In years
last birthday)

67 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Henry Stoebener

14. MOTHER'S MAIDEN NAME

Marie A. Schaefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Ave.

Mrs. Bertha E. Stoebener - 3124 Howard Pk.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ARTERIO SCLEROTIC HEART
DISEASE 4. 1 1/2 yrs DURATION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CERTIFICATION APPROVED BY

R. S. Fisher
William W. W. W.

(C) DUE TO

OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5. 2.3, 1951, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Stoney Stoebe

23B. ADDRESS

LUTHERAN HOSPITAL

23C. DATE SIGNED

2.3.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/6/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frederick Stoebener

25. FUNERAL DIRECTOR

ADDRESS

J. J. Schaefer & Sons - Balto.

VS 150

To be approved by med. examiner.
93D

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Blank form with faint lines and text, including fields for name, date, and cause of death. The text is mostly illegible due to fading and bleed-through from the reverse side.

410

51 1083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1083

ND-61949

BIRTH NO.

Registered No.

1. NAME OF DECEASED
(Type or Print)

Charles Wolf

2. DATE
OF
DEATH

Feb. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

March 31, 1877

9. AGE (In years
last birthday)

73

10 Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired Machine Operator

Buttett Hayward

13. FATHER'S NAME

August Wolf (D)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth Knickman (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 470.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

10 Yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pyelonephritis

10 Yrs.

DUE TO

(C) General Arteriosclerosis
Arteriosclerotic Cord Disease

10 Yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-18, 1940, to 2-3, 1951, that I last saw the
deceased alive on 2-3, 1951, and that death occurred at 1:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

2-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/6/51

Woodlawn

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

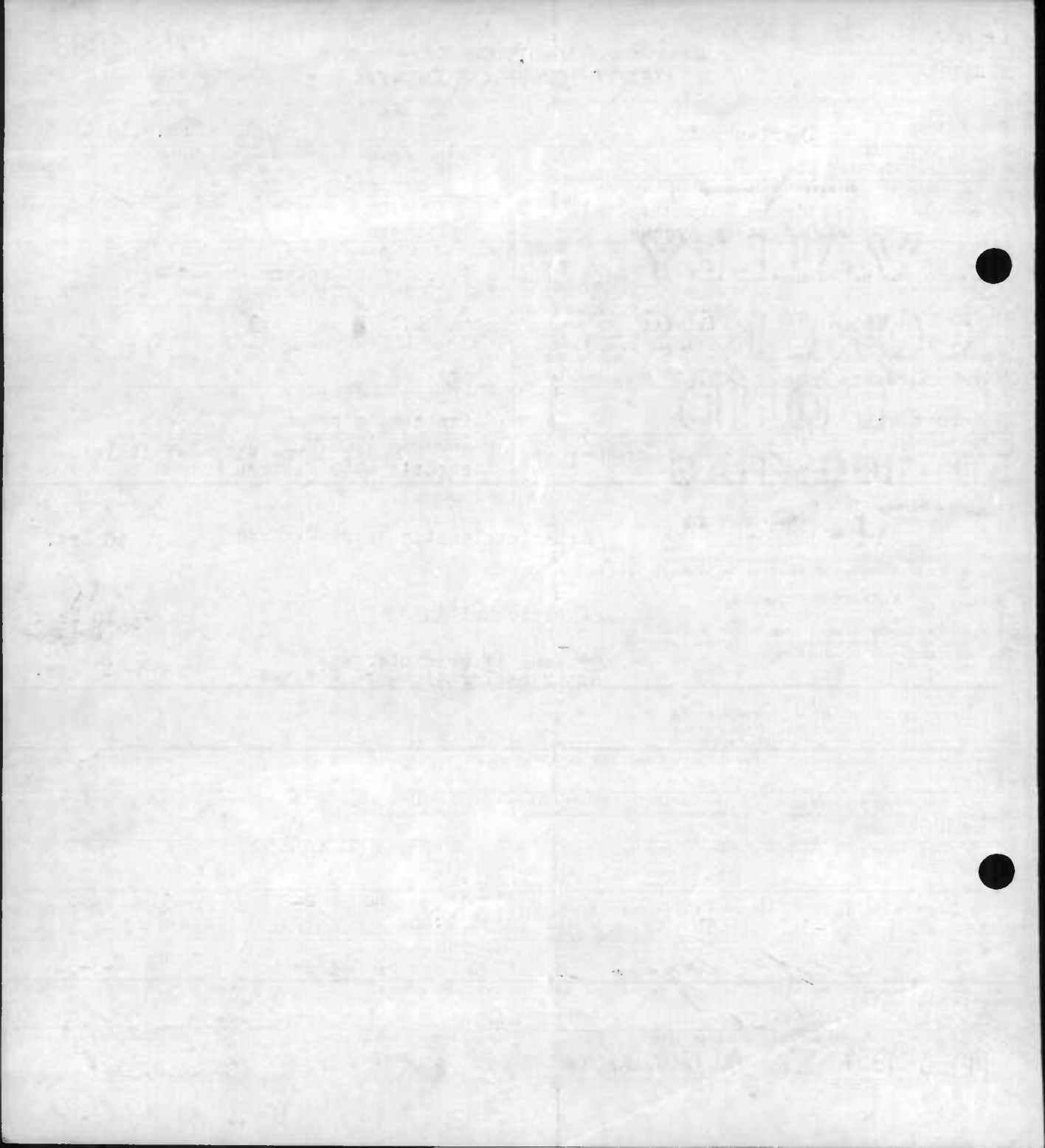
25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

J. M. Williams, Jr.

40th Cook Inc 1217 St. Paul St.



645 51 1084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1084
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Catherine Ireland</i>			2. DATE OF DEATH <i>Feb. 4 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>520 Poplar Grove St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>520 Poplar Grove St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 3rd 1864</i>	9. AGE (In years last birthday) <i>86</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Own House</i>		
11. BIRTHPLACE (State or foreign country) <i>Md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Richard E. Younger</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Richard H. Ireland</i>			ADDRESS <i>Poplar Grove St</i>		

18. <i>4/22/1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i>	CAUSE OF DEATH <i>Arteriosclerotic C.V.Ds.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>29 hours</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) DUE TO (B) DUE TO (C)	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 3*, 19*51*, to *Feb 4*, 19*51*, that I last saw the deceased alive on *Feb 4*, 19*51*, and that death occurred at *1:50 a* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Lester A. Hall</i>	23B. ADDRESS <i>2950 Edmondson</i>	23C. DATE SIGNED <i>Feb 4 1951</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/7/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>Walter J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. Cook Inc. 1217 St. Paul St.</i>	ADDRESS
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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1911

July 1, 1911

Charles H. Thompson
Washington, D. C.

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610 51 1085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1085
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Groff, Vernon Rupp

2. DATE
OF
DEATH

February 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

Length of stay in Baltimore

29 yr.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintenance Supervisor

10B. KIND OF BUSINESS OR
INDUSTRY

Penna. Water & Power Co.

13. FATHER'S NAME

Amos H. Groff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

3/28/1896

9. AGE (In years
last birthday)

54

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rachel L. Rupp

17. INFORMANT

ADDRESS

Martha Groff 7932 Phila Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Rt. heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TOHypostatic
bacterial pneumonia
Arteriosclerotic cardiovascular
disease with myocardial infarction

(over)

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 31, 1951, to February 4, 1951, that I last saw the
deceased alive on Feb. 4, 1951, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

William J. Williams, M.D.

Wm Bok Inc. 1217 St. Paul St.

Statistical Only

May we be advised when
autopsy has been completed,
what in your opinion
was the probable underlying
cause of death, please?

See Document File 51-1085
2/28/51
ES

42-51 1086
JL-145608BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1086
Registered No.

BIRTH NO. 7.R.

1. NAME OF DECEASED
(Type or Print)

Baby Boy- Fowlkes- Margaret

2. DATE
OF
DEATH

2-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR institution) Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission) Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

309 Grebe Ct- 22

Length of stay in Baltimore

7 hrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 3, 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Stancil

14. MOTHER'S MAIDEN NAME

Margaret Fowlkes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. Hosp. Records, 4940 Eastern Ave.

18. 776 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

7 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ No ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3, 1951, to Feb. 3, 1951, that I last saw the
deceased alive on Feb. 3, 1951, and that death occurred at 12.15 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

2-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Charles R. Law

25. FUNERAL DIRECTOR

ADDRESS

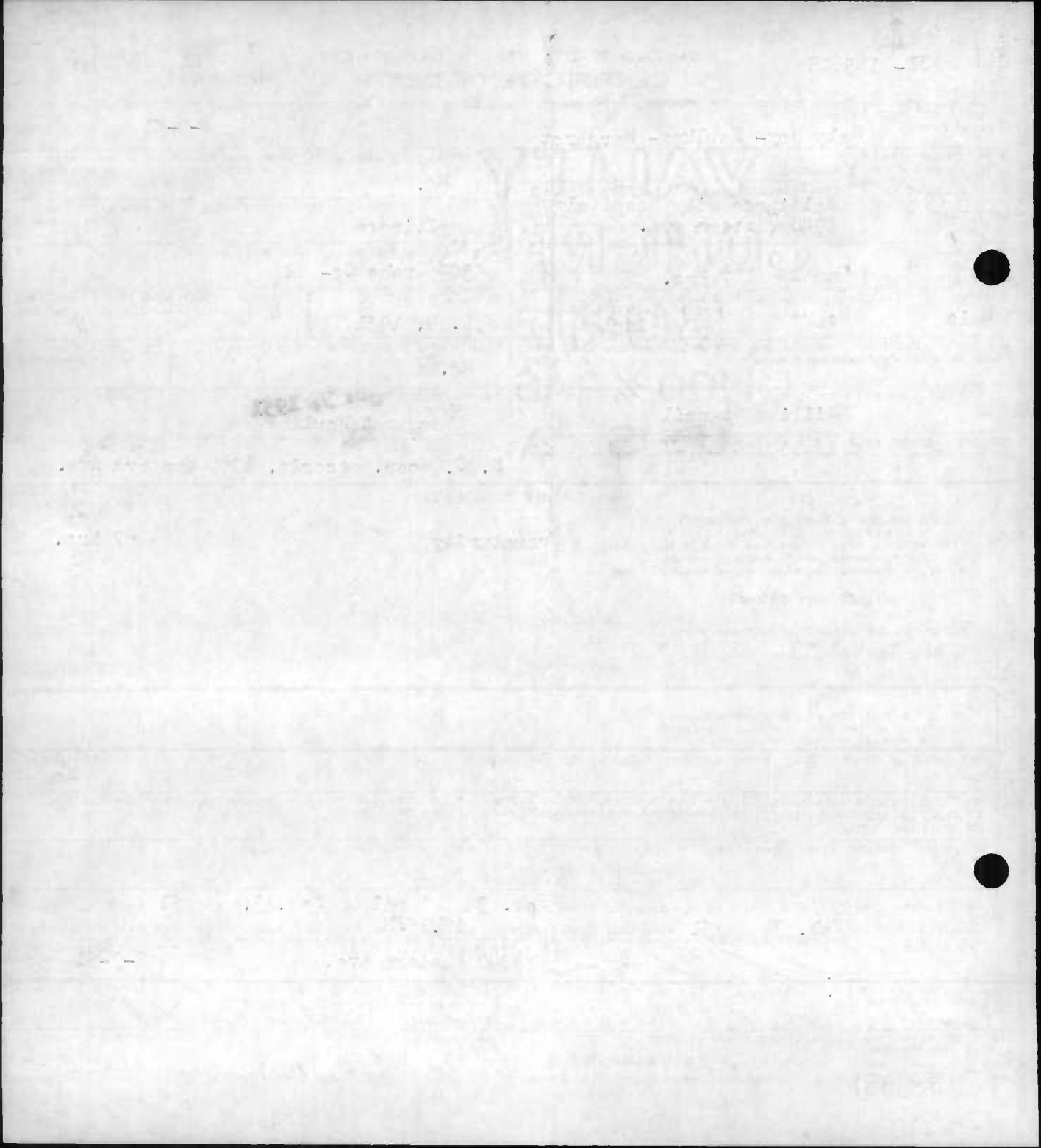
Charles R. Law, 802 Madison Ave

FEB 5-1951

1951 0001085

159

MEDICAL CERTIFICATION



265
51 1087

JOHN

DE GRANGE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 1087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John de Grange

2. DATE
OF
DEATH

2-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
STATE before admission)

Md

B. COUNTY

Anne Arundel

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Mercy Hosp

C. CITY OR TOWN

Glen Burnie

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

214 Annapolis Blvd.

6. Length of stay in Baltimore

2 wks

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

wh

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

?

9. AGE (in years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Jr

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John de Grange

14. MOTHER'S MAIDEN NAME

Sara Wrenn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 602 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Post-op. hemorrhage & pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Rt. nephrectomy
DUE TO Nephrolithiasis, bilat
(C)

3 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

1-31-51

19B. MAJOR FINDINGS OF OPERATION

Staghorn calculus rt kidney

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-51, 19__, to 2-3-51, 19__, that I last saw the
deceased alive on 2-3-51, 19__, and that death occurred at 5:40 a.m. from the causes and on the date stated above.

23A. SIGNATURE

Jowler F. White

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

2-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/6/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Anne Arundel Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

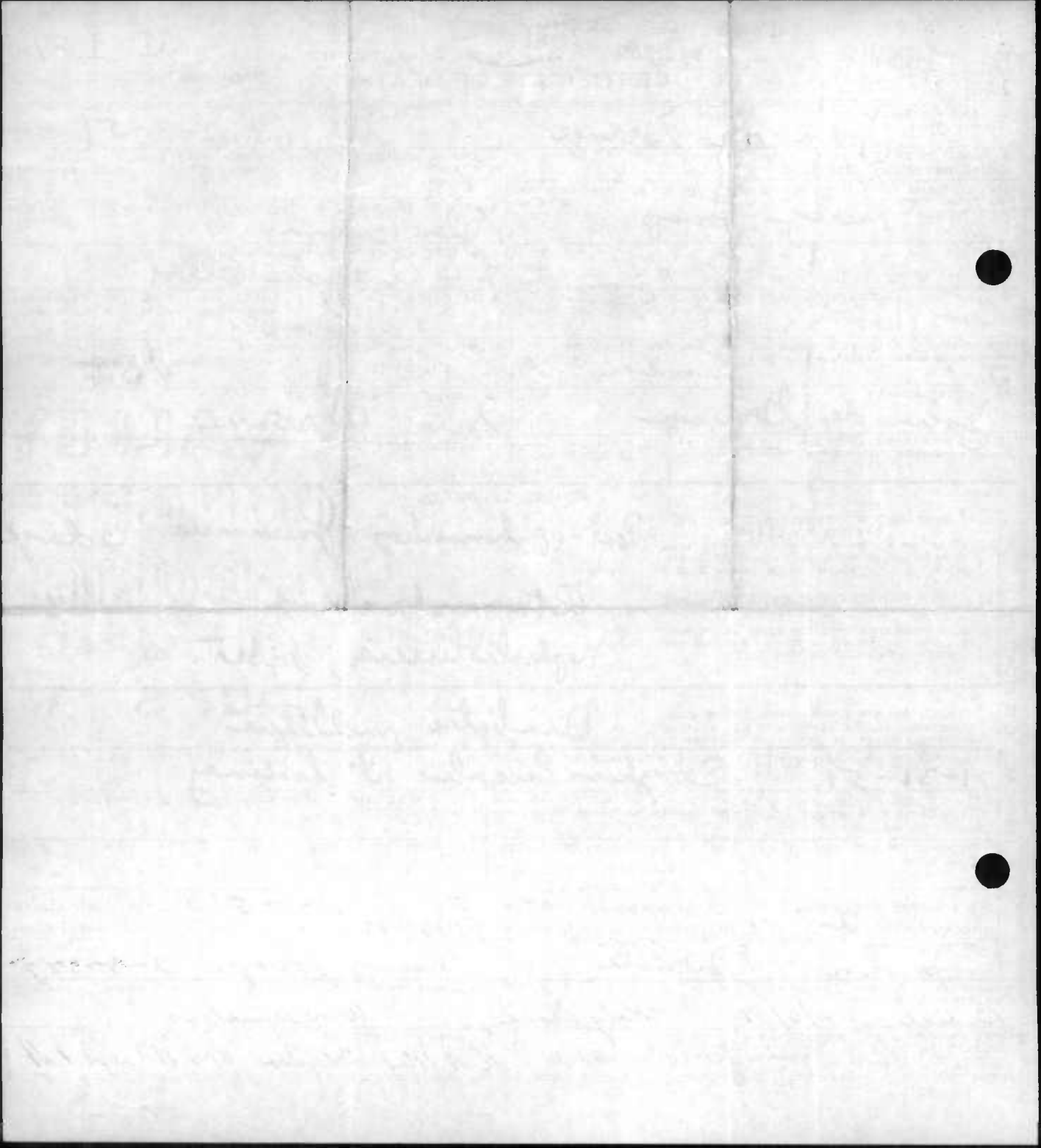
FEB 5 - 1951

Antoinette Williams, M.D.

25. FUNERAL DIRECTOR

H. N. Meares & Son, 805 N. Calvert St.

ADDRESS



615
51 1088BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1088
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Henry Arbin		2. DATE OF DEATH Feb. 2, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland 2612 Beryl Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Balto. Md. B. COUNTY 8-03
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.
C. Length of stay in Baltimore life Mds. Days		D. STREET ADDRESS (If rural, give location) 2615 Beryl Ave.
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber (Retired)		10B. KIND OF BUSINESS OR INDUSTRY Plumber
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. G. Arbin		14. MOTHER'S MAIDEN NAME Mary Walz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -----		16. SOCIAL SECURITY NO. 217-16-5042
17. INFORMANT Mrs. Louise Arbin		ADDRESS 2615 Beryl Ave.

18. 526 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Acute Pulmonary Edema DUE TO (B) Chronic Myocardial Disease DUE TO Chronic Emphysema & Bronchitis (C)	INTERVAL BETWEEN ONSET AND DEATH 3 hrs 5+ years 6+ years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 24, 1951, to Feb 2, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 5:30 A. M., from the causes and on the date stated above.		
23A. SIGNATURE Lemuel Bill	23B. ADDRESS 1221 N. Luzerne Ave M. D.	23C. DATE SIGNED Feb 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 5, 1951	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951	REGISTRAR'S SIGNATURE Lemuel Bill	25. FUNERAL DIRECTOR Philip H. Henry & Son	ADDRESS 2024 Calverton Rd
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[Faint, illegible handwriting in the middle section, possibly a list or descriptive text.]

[Faint, illegible handwriting at the bottom left, possibly a signature or date.]

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1089
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Wm. Thomas Barrett</i>			2. DATE OF DEATH <i>2-3-1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>5625 GOVANE AVE.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 12 27-48</i>		
C. Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>5625 Govane Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 7-1895</i>		9. AGE (In years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Factory</i>	11. BIRTHPLACE (State or foreign country) <i>Balto Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph Barrett</i>			14. MOTHER'S MAIDEN NAME <i>Cecilia Grese</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>213-10-1769</i>	17. INFORMANT ADDRESS <i>Mrs. Wm. T. Barrett 5625 Govane Ave Balto</i>		

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Thrombosis*
DUE TO _____

(B) *Chn Interstitial Nephritis*
DUE TO _____

(C) *Arteriosclerosis*
DUE TO _____

INTERVAL BETWEEN ONSET AND DEATH

3 days.

3 yrs.

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. 'AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Dec. 29* 19*50*, to *Feb. 3* 19*51*, that I last saw the deceased alive on *Feb 1* 1951, and that death occurred at *1:55* A.m., from the causes and on the date stated above.

23A. SIGNATURE *Wm. T. Barrett* M. D. 23B. ADDRESS *5000 York Rd.* 23C. DATE SIGNED *Feb. 3, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-8-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Clyman Aira Methodist</i>	24D. LOCATION (City, town, or county) (State) <i>Phoenix, Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5-1951</i>		REGISTRAR'S SIGNATURE <i>Wm. T. Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>J. Scott Brooks, Sparks, Md.</i>

MEDICAL CERTIFICATION

1951 02 01 080

131a

5114 York Rd.

12-5

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 1090

BIRTH NO. 152

1. NAME OF DECEASED (Type or Print) TONY ROBINSON		2. DATE OF DEATH February 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 914 Watson Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11-9-22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		9. AGE (In years last birthday) 28	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balt. Md	
13. FATHER'S NAME Tony Robinson		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME Martha Bostic	
16. SOCIAL SECURITY NO.		17. INFORMANT Alice Mathews 1026 Low St	

18. 353.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Epilepsy (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. Porter</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 1, 1951
24A. BURIAL, CREMATION, REMOVAL(Specify) Burial	24B. DATE 2-5-51	24C. NAME OF CEMETERY OR CREMATORY Int. Catany Cem.	24D. LOCATION (City, town, or county) (State) A. C. County. Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951	REGISTRAR'S SIGNATURE <i>William J. Porter</i>	25. FUNERAL DIRECTOR <i>Joseph C. Rock Jr. 1304 N. Central Ave</i>		

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DATE

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. TIME OF DEATH</p>		<p>10. SIGNATURE OF PHYSICIAN</p>	
<p>11. SIGNATURE OF REGISTRAR</p>		<p>12. SIGNATURE OF WITNESSES</p>	

300
51 1091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1091
Registered No.

1. NAME OF DECEASED (Type or Print) LESLIE Dayette (DAYETT)		2. DATE OF DEATH 2/4/51.	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 27-12	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home + Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 29 yrs		D. STREET ADDRESS (If rural, give location) 6301 Pinehurst Rd.	
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/6/1858
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrical Engineer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 93
11. BIRTHPLACE (State or foreign country) Delaware		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Northan Dayette		14. MOTHER'S MAIDEN NAME Elizabeth Graves	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Church Home Hosp.		ADDRESS	
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia, Lobar. CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/4/51 , 19 51 , to 2/4/51 , 19 51 , that I last saw the deceased alive on 2/4/51 , 19 51 , and that death occurred at 11 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE Dorance Chesberg M. D.		23B. ADDRESS Church Home + Hosp	
23C. DATE SIGNED 2/4/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Feb 7 1951		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Balto. Md.		(State)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951		REGISTRAR'S SIGNATURE William Williams, M.D.	
25. FUNERAL DIRECTOR Henry H. Jenkins		ADDRESS Appts 4925 York Rd	

DEATH CERTIFICATION

19510201090

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

On the _____ day of _____

at _____

51 1092

BIRTH NO. 51-02486

1. NAME OF DECEASED (Type or Print) Baby Girl TOMSHACK

2. DATE OF DEATH Feb. 3, 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland B. Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 24-00

5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MD

7. STREET ADDRESS (If rural, give location) 405 E. HAMBERRY ST. HAMBURG

8. Length of stay in Baltimore L.F.E. 2 Yrs. Mos. Days

9. SEX Female

10. COLOR OR RACE White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) infant

12. DATE OF BIRTH Feb. 1, 1951

13. AGE (In years last birthday) 2 days

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

17. KIND OF BUSINESS OR INDUSTRY infant

18. BIRTHPLACE (State or foreign country) Baltimore, Md.

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME Joseph T. TOMSHACK

21. MOTHER'S MAIDEN NAME ROSE T. CONNOR.

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

23. SOCIAL SECURITY NO. 220

24. INFORMANT ADDRESS Mother (SAME)

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Prematurity (immaturity)

19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21. INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 2/3/51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Feb 3, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE Robert Hefner M. D.

23B. ADDRESS Mercy Hospital

23C. DATE SIGNED 3 Feb 51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Feb. 5/51

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

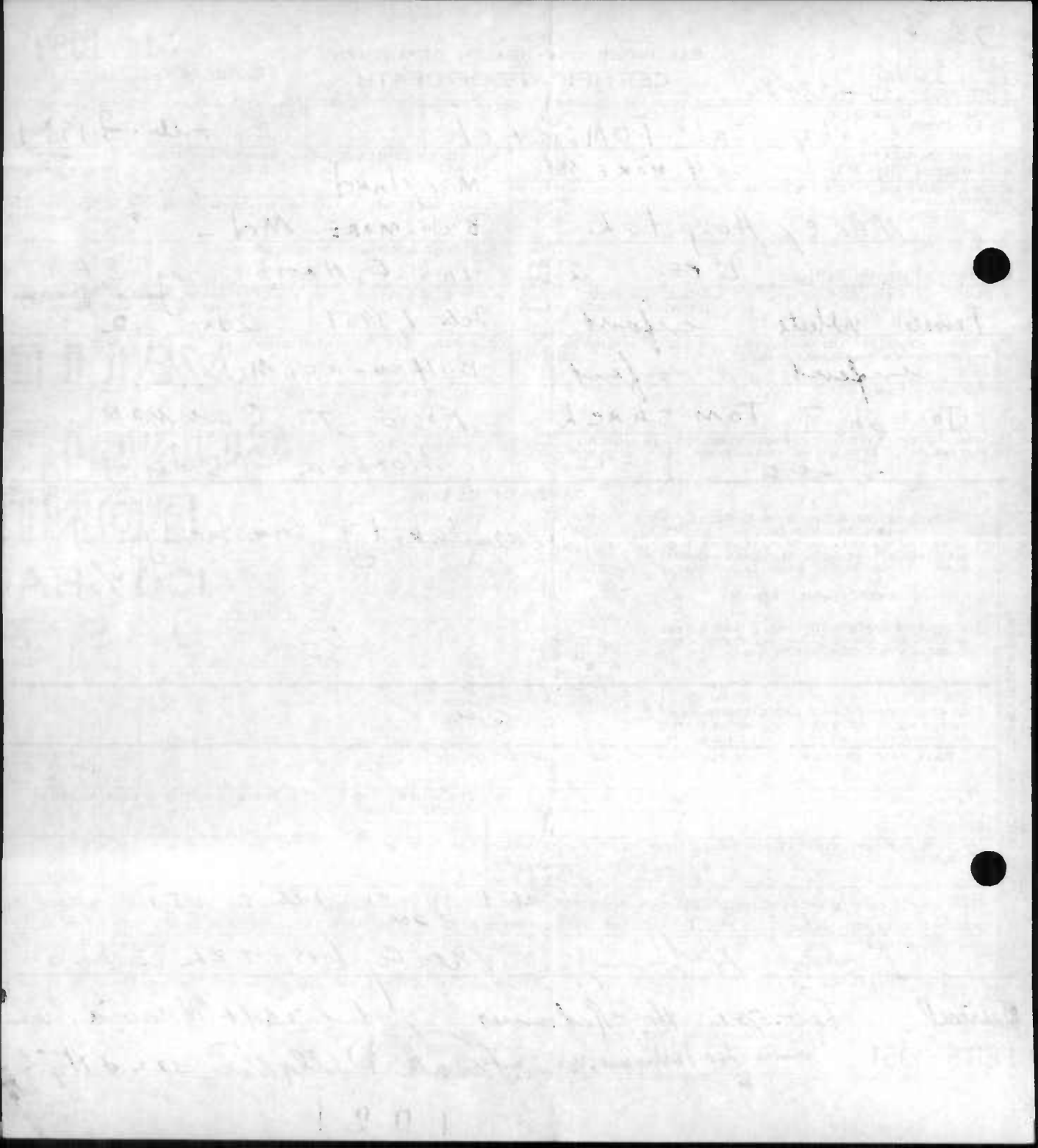
24D. LOCATION (City, town, or county) (State) Belair Rd + Moravia Ave

25. FUNERAL DIRECTOR Frank Dellavore 322 S High

DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

ADDRESS



300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1093
Registered No.

BIRTH NO. 1093 57-05602

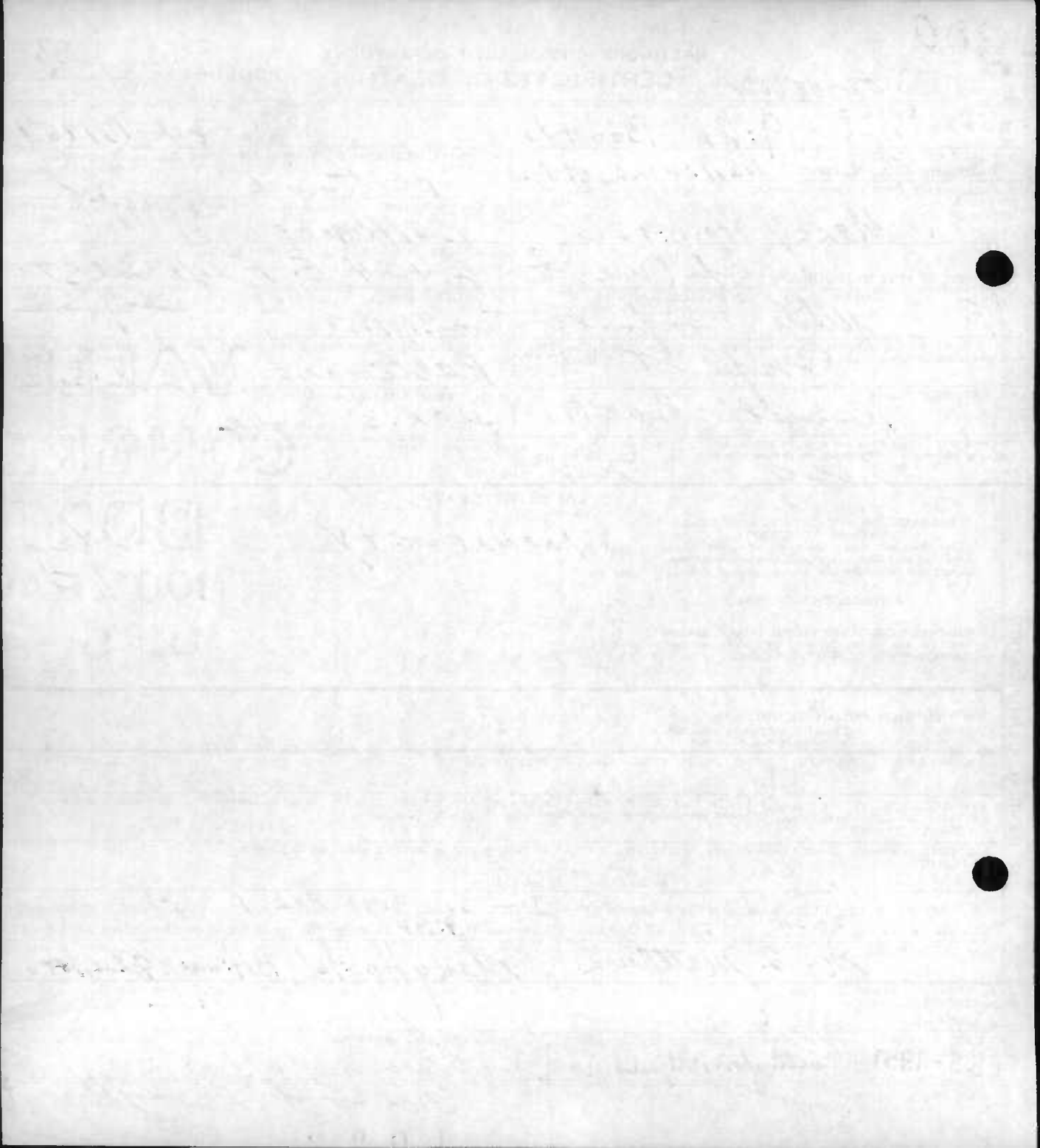
1. NAME OF DECEASED (Type or Print) <i>Baby Girl Booth</i>		2. DATE OF DEATH <i>Feb-1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>BALTIMORE, MD.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>	
6. Length of stay in Baltimore <i>life (one)</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2424 E. Federal ST.</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan 31, 1951</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Kenneth Booth</i>		14. MOTHER'S MAIDEN NAME <i>Doris Cole</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT		ADDRESS	

18. <i>776X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>PREMATURITY</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 31</i> , 1951, to <i>Feb-1</i> , 1951, that I last saw the deceased alive on <i>Feb-1</i> , 1951, and that death occurred at <i>9:50 P.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>M. E. Matthews</i> M. D.		23B. ADDRESS <i>Mercy Hospital, Baltimore</i>	23C. DATE SIGNED <i>Feb 2, 1951</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>2-5-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>BALTO. -</i>	24D. LOCATION (City, town, or county) (State) <i>CITY MD -</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Greene & Son</i>	
		ADDRESS <i>Greene & Son</i>	

MEDICAL CERTIFICATION



500
1. 1094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1094

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Mary Kaye</i>		2. DATE OF DEATH <i>Feb 3-1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1623 Harkley Rd</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1623 Harkley Rd</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Geo. Cassean</i>		14. MOTHER'S MAIDEN NAME <i>Amanda</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Elizabeth Wood</i>		ADDRESS <i>1623 Harkley Rd</i>	

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemiflegia</i>		CAUSE OF DEATH <i>arterial Hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 wks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 17, 1951</i> to <i>Jan 17, 1951</i> , that I last saw the deceased alive <i>Jan 17, 1951</i> , and that death occurred at <i>12 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. R. Johnson</i>		23B. ADDRESS <i>403 Medart St</i>		23C. DATE SIGNED <i>2/3/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/6/57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>md, Balto</i>		25. FUNERAL DIRECTOR <i>Geo. W. Nelson</i>		ADDRESS <i>1303 Presgman St</i>	

MEDICAL CERTIFICATION

RECEIVED

DEPARTMENT OF COMMERCE

WASHINGTON, D. C.

OFFICE OF THE SECRETARY

RECEIVED

DEPARTMENT OF COMMERCE

WASHINGTON, D. C.

OFFICE OF THE SECRETARY

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OFFICE OF THE SECRETARY

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DEPARTMENT OF COMMERCE

WASHINGTON, D. C.

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DEPARTMENT OF COMMERCE

WASHINGTON, D. C.

OFFICE OF THE SECRETARY

240

51. 1095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 1095

Registered No.

1. NAME OF DECEASED (Type or Print) HENRY GEISEL		2. DATE OF DEATH 2-3-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 319 S. Gilmore St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-03	
6. LENGTH OF stay in Baltimore		D. STREET ADDRESS (If rural, give location) 319 S. Gilmore St	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4-5-1871
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIRT CUTTER RET		10. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. FATHER'S NAME JOHN GEISEL		12. CITIZEN OF WHAT COUNTRY?	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME ELIZABETH	
15. SOCIAL SECURITY NO.		17. INFORMANT MELVIN H. GEISEL 107 N. Kossuth St	

18. 4-2-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arterio-sclerotic cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio-sclerotic disease		1 day
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1/49 , 19 49 , to 2/3 , 19 51 , that I last saw the deceased alive on 2/3 , 19 51 , and that death occurred at 5:40 P m., from the causes and on the date stated above.					
23A. SIGNATURE Pauline Miller MD		23B. ADDRESS 2030 W. Elbers Ave		23C. DATE SIGNED 2/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Feb 6, 1951		24C. NAME OF CEMETERY OR CREMATORY Pauline Park	
24D. LOCATION (City, town, or county) (State) Balt, md		25. FUNERAL DIRECTOR Wm. B. M. Walters		26. ADDRESS 937	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951		REGISTRAR'S SIGNATURE Wm. B. M. Walters		27. ADDRESS 937	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1096**

432
450
51 1096

1. NAME OF DECEASED (Type or Print) FRANK E. SCHULTZ (JAMES ALLEN)			2. DATE OF DEATH February 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1121 N. Calvert Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-28-1896	9. AGE (In years last birthday) 54	10. Under 1 Year Months _____ Days _____ 11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer			10B. KIND OF BUSINESS OR INDUSTRY Taxicab		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frank Schultz			14. MOTHER'S MAIDEN NAME Helen Shicanovsky		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Arthur Schultz, 1517 Ramsay Street		

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. ...</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Feb. 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) buried	24B. DATE 2/7/51	24C. NAME OF CEMETERY OR CREMATORY Balto National
24D. LOCATION (City, town, or county) (State) Baltimore, Md	25. FUNERAL DIRECTOR W. H. B. M. Walter	
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 1951	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	ADDRESS <i>...</i>

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1-1

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Occupation	
Cause of Death		Place of Death	
Time of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner	

Signature of Deceased		Signature of Next of Kin	
Signature of Witness		Signature of Witness	
Signature of Witness		Signature of Witness	
Signature of Witness		Signature of Witness	
Signature of Witness		Signature of Witness	

40
1 1097

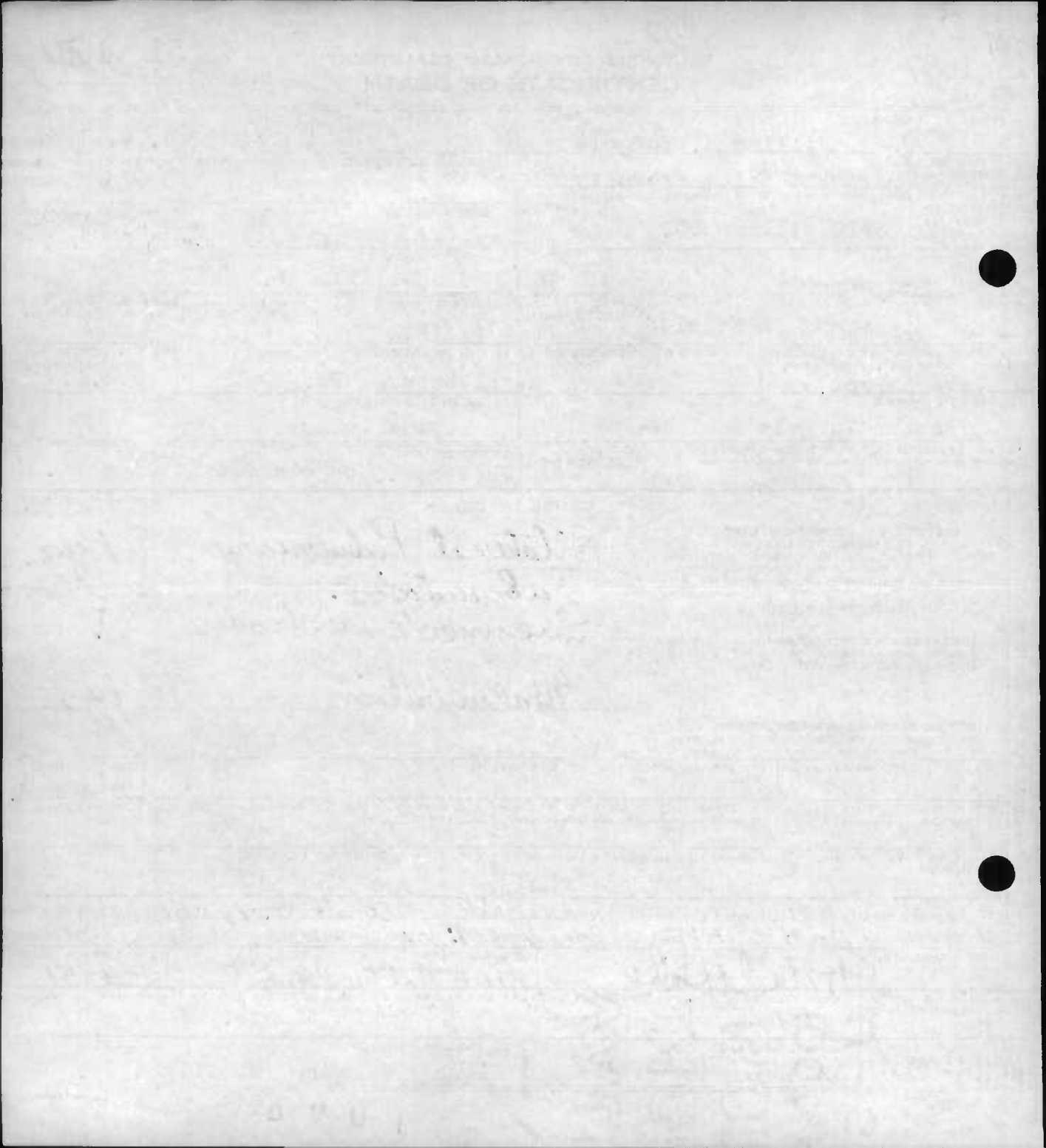
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1097

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) William H. Voegele		2. DATE OF DEATH Feb. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 910 William St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 910 William St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/11/1892	9. AGE (In years: last birthday) 58	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Prop.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pittsburg Pa.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph Voegele		14. MOTHER'S MAIDEN NAME Louise Peters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Thetis M. Voegele 910 William St.	
18. C02X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Pulmonary Tuberculosis. DUE TO Laennec's Cirrhosis DUE TO Malnutrition INTERVAL BETWEEN ONSET AND DEATH 1 yr. ? 1 yr.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April , 1950 to Feb. 4, 1951 that I last saw the deceased alive on 2-4- , 1951, and that death occurred at 1:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE Robert H. Hine		23B. ADDRESS 3105 N. Charles St.		23C. DATE SIGNED 2-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/7/1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		25. FUNERAL DIRECTOR ADDRESS Flynn & Fleming 1426 Light St.			

MEDICAL CERTIFICATION



C-523

51 1098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1098

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine Constantine

2. DATE
OF
DEATH

2-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Batimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3309 E. Pratt Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

3309 E. Pratt Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-21-75

9. AGE (In years
last birthday)

75

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penna

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Harman

14. MOTHER'S MAIDEN NAME

Katherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Charles Constantine 3309 E. Pratt Str.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROSIS, GENERALIZED 10 YRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL HEMORRHAGE

1 YR

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 5, 1950, to FEB. 3, 1951, that I last saw the
deceased alive on FEB. 2, 1951, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951
VS 150

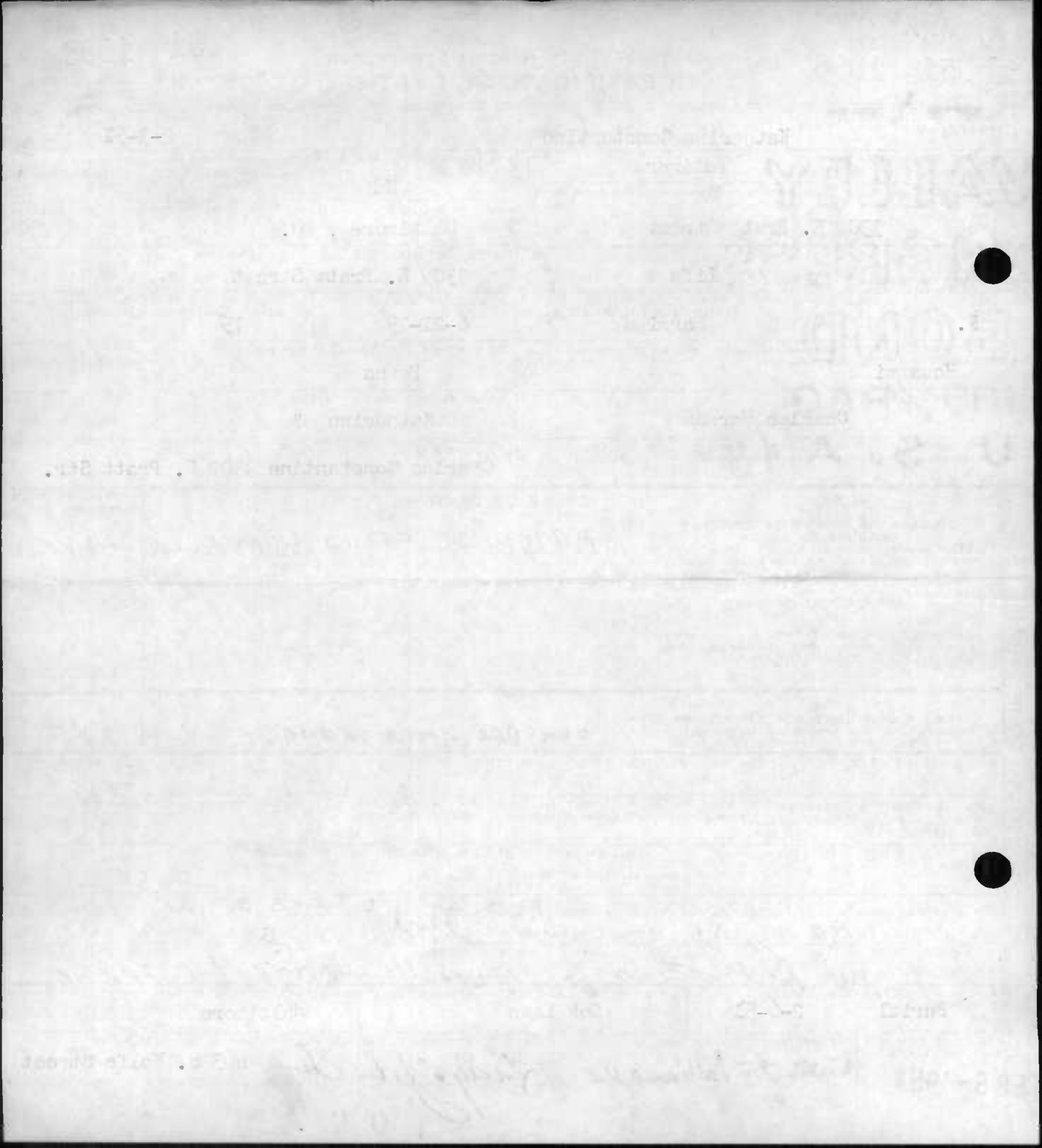
Huntington Williams, M.D.

Lilly & Zola

403 S. Wolfe Street

83a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1099**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH G. DICKERSON		2. DATE OF DEATH February 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville	
D. STREET ADDRESS (If rural, give location) 127 Winters Avenue		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH Feb 24, 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Louis Dickerson		14. MOTHER'S MAIDEN NAME Hallie Whittle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Belie Dickerson		ADDRESS 2502 g St Rich. 2a	

CAUSE OF DEATH

18. E976X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bullet wound of head and chest (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION Feb. 4, 1951	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) School Street, 15 feet east of Carey St.
21D. TIME (Month) (Day) (Year) Feb. 4, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE
William V. [Signature]

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Feb. 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
2/8/51

24C. NAME OF CEMETERY OR CREMATORY
Richmond 2a

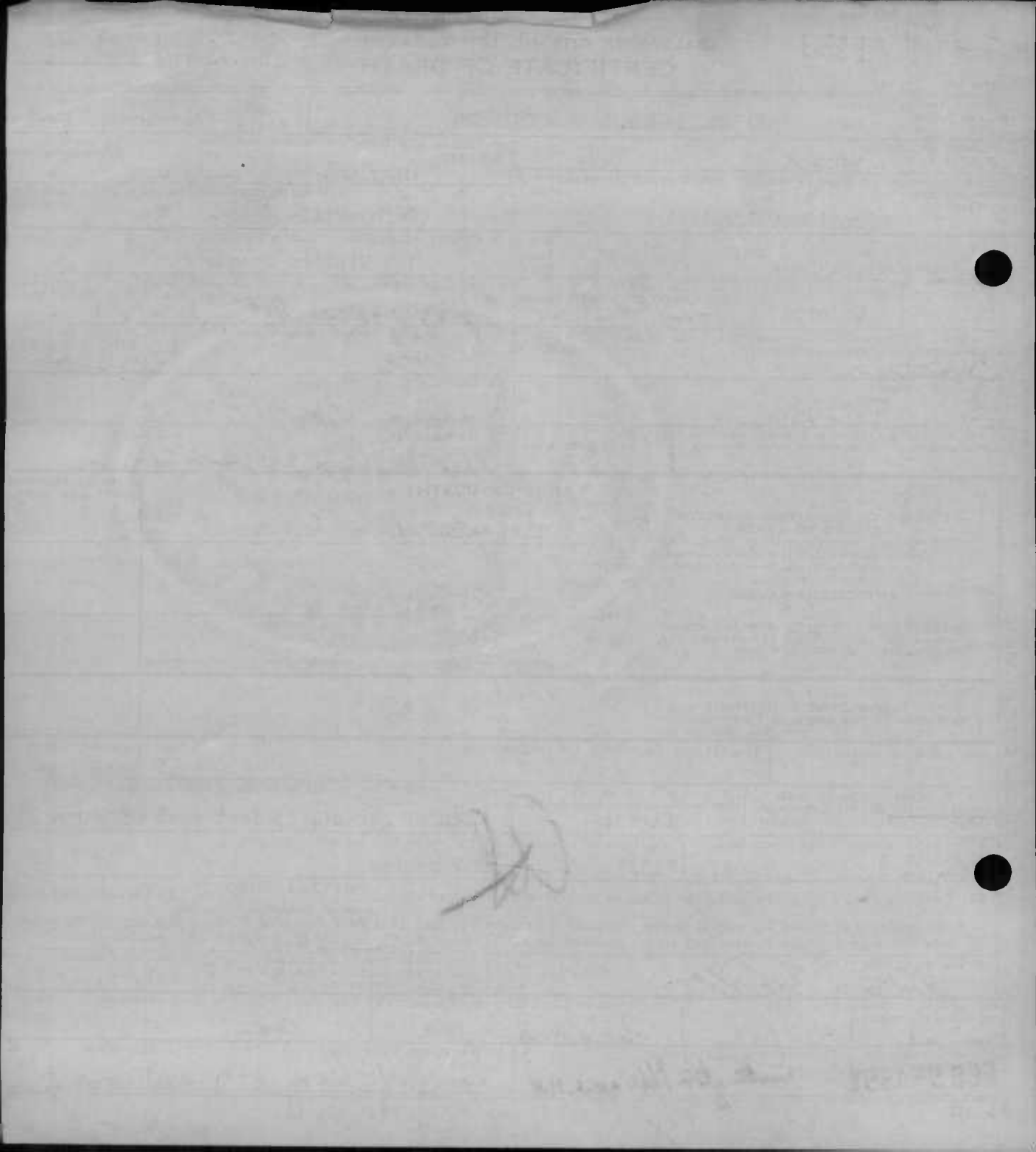
24D. LOCATION (City, town, or county) (State)
2a

DATE RECEIVED BY LOCAL REGISTRAR
FEB 5 - 1951

REGISTRAR'S SIGNATURE
William V. [Signature]

25. FUNERAL DIRECTOR
Geo. V. Nelson

ADDRESS
1303 [Address]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1100
Registered No.

BIRTH NO. 51 1100

1. NAME OF DECEASED (Type or Print) <i>Fredella Wiley</i>			2. DATE OF DEATH <i>February 8, 1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
d. Length of stay in Baltimore <i>3 years</i>			e. STREET ADDRESS (If rural, give location) <i>2108 N. Smallwood St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Bl</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6 Nov 1874</i>	9. AGE (In years, Months, Days) <i>76</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Greensburg, Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>David Blaine</i>			14. MOTHER'S MAIDEN NAME <i>Mary Carter</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Beatt Wiley</i> <i>2015 Presbury St.</i>		

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Ca of stomach?</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
(A) _____		_____	_____
(B) _____		_____	_____
(C) _____		_____	_____

19a. DATE OF OPERATION <i>2-3-51</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY <i>m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-26-51</i> , 19 <i>51</i> , to <i>2-3-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-3-51</i> , 19 <i>51</i> , and that death occurred at <i>8:35 am.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Fowler White</i>		23b. ADDRESS <i>Mercy Hosp</i>		23c. DATE SIGNED <i>3-2-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Feb. 8, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Abraham Lincoln Pk. Balt. Co. Md</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		24e. LOCAL REGISTRAR <i>Frederick Williams, M.D.</i>		24f. REGISTRAR'S SIGNATURE <i>Frederick Williams, M.D.</i>	
24g. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5 - 1951</i>		24h. FUNERAL DIRECTOR <i>Wallace Funeral Home</i>		24i. ADDRESS <i>1031 Druid Hill Ave.</i>	

12/15/1911

Received of

AT 1911

for

1911

1911

1911

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS KEPT IN THE OFFICE OF THE COMMISSIONER OF THE LAND OFFICE OF THE STATE OF ALABAMA.

A-653
51 1101BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1101
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine A. Arant

2. DATE
OF
DEATH

Feb. 3. 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2630 E Oliver St

B. FULL NAME OF

(If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

2630 E Oliver

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give

Baltimore Md 8-03

D. STREET ADDRESS (If rural, give location)

2630 E Oliver Oliver

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 22 1921

9. AGE (In years

last birthday)

39

If Under 1 Year

Months: Days

1 12

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Max Rosenberg

14. MOTHER'S MAIDEN NAME

Josephine Buettner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

No

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Paul Arant 2630 E Oliver

18.

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho Pneumonia

DUE TO

Infection

4 d

3 d.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Intra Cranial Tumor

(over)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-18-51

19B. MAJOR FINDINGS OF OPERATION

Intra Cranial Tumor, Hydrocephalus, Nephrosis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1951, to Feb 3, 1951, that I last saw the
deceased alive on Feb. 2, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Arant

M. D.

23B. ADDRESS

2878 Harford

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

2-6-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer, 1000 Belair Rd - Balto Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 1951

54 R

Following the deceased's operation
in Feb 1949 was the nature
of the tumor ^{as} determined to be
malignant? ——— benign? ———

Obtained complete history from JHH
Diagnosis in substance:

" Unverified intracranial neoplasm
marked intracranial hypertension"

See Document File 51-1101

2/20/51 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1102
Registered No. _____
Feb. 3, 1951

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOSEPH WERNER ~~WERNER~~

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-11

D. STREET ADDRESS (If rural, give location)
607 S. East Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

Male

White

Married

Feb. 8, 1889

61

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crane operator

10B. KIND OF BUSINESS OR INDUSTRY

Revere Copper Co.,

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Werner

14. MOTHER'S MAIDEN NAME

Mary Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Mary Bertch 2310 E. Baltimore St.,

18. E 901.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Paralytic ileus
(post-operative)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Jan. 25, 1951

Sub trochanteric osteotomy

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
#2 Mill, Canton Plant

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Revere Copper & Brass Danville & Baylis St. 26/6

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

April 24, 1950 3:10 P.m.

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

Fell 51' from ladder to floor

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

Stanley H. Dineen M.D.

ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

Feb. 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 6, 1951

First United Evangelical

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

William Williams, M.D.

Ullrich Funeral Home 2008 Orleans St.,

What was the nature of
the injury sustained
in fall?

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1103
Registered No. _____

BIRTH NO. 51 1103

1. NAME OF DECEASED (Type or Print) <u>Howard J Smith</u>			2. DATE OF DEATH <u>Feb 3 51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2037 Fleet</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>2-03</u>		
C. Length of stay in Baltimore <u>life</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>2037 Fleet St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov 18 1895</u>	9. AGE (In years last birthday) <u>55</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Balto</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>James E Smith</u>			14. MOTHER'S MAIDEN NAME <u>Rebecca Everett</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <u>Mrs Berni Bauer 7313 Holabrook</u>		

18. <u>491X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Acute Myocardial Infarction</u> DUE TO _____ (B) <u>Acute Bacterial Pneumonia</u> DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>4-5 days</u>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____	

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	21D. HOW DID INJURY OCCUR? _____
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

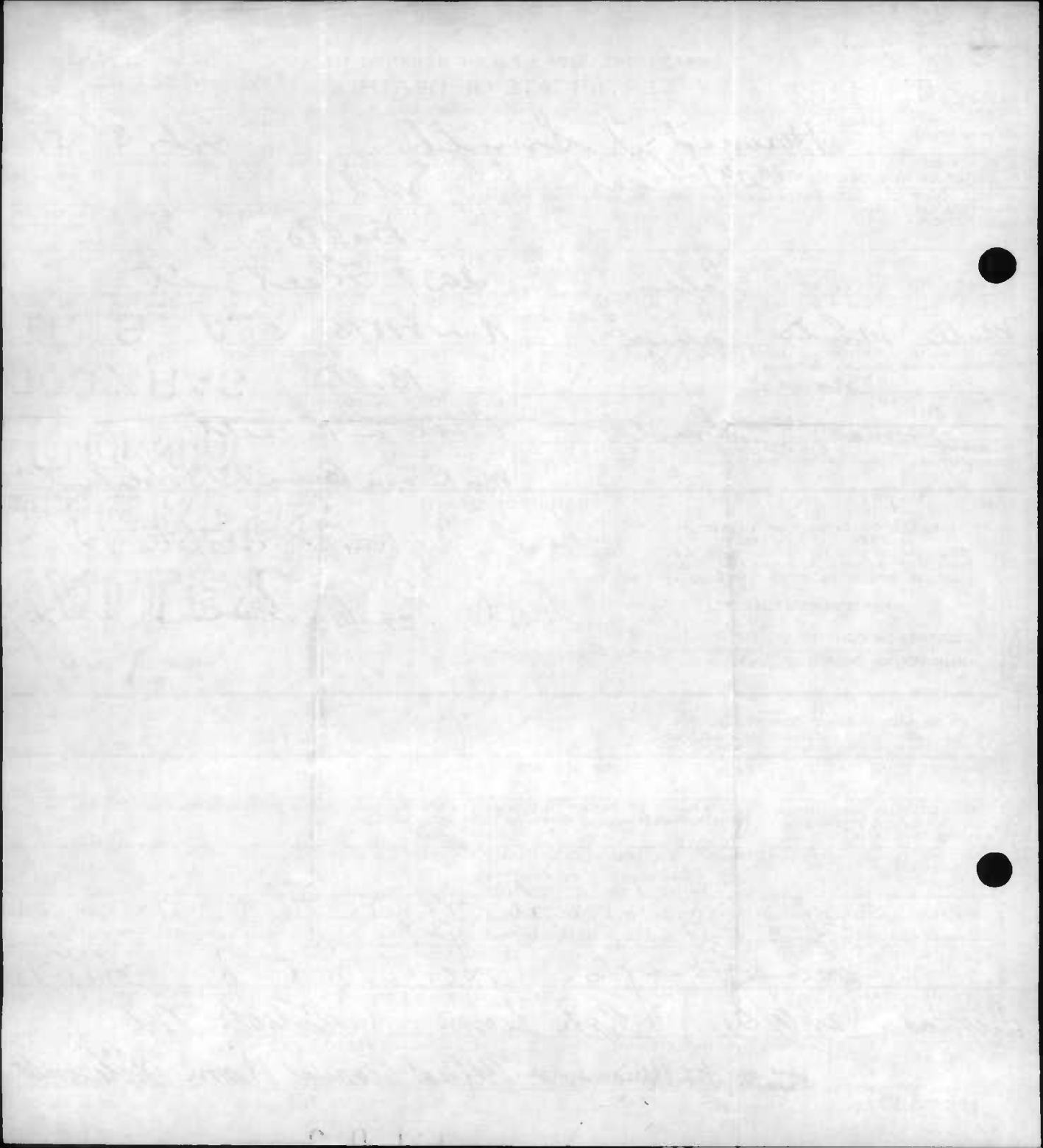
22. I hereby certify that I attended the deceased from Feb 2, 1951, to Feb 3, 1951, that I last saw the deceased alive on Feb 3, 1951, and that death occurred at 12:00 m., from the causes and on the date stated above.

23A. SIGNATURE <u>Wm E. George</u> M. D.	23B. ADDRESS <u>2000 E. Pratt St</u>	23C. DATE SIGNED <u>2/5/51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>2/6/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Clark Lawn</u>
24D. LOCATION (City, town, or county) <u>Colgate Md</u>		(State) _____
DATE RECEIVED BY LOCAL REGISTRAR _____	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Ullrich Funeral Home Baltimore</u>

FEB 5 1951

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MEDICAL CERTIFICATION



B-635
51 1104BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1104

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charlotte D. BURTON.</i>		2. DATE OF DEATH <i>Feb. 4, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>3815 Echodale Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balts. 27-01</i>	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3815 Echodale Ave</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 1, 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>George Hess</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>none</i>		14. MOTHER'S MAIDEN NAME <i>Busenheimer</i>	
17. INFORMANT <i>Paul Burton</i>		ADDRESS <i>4205 Hamilton Ave</i>	

18. <i>490X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Lobar Pneumonia</i>	<i>2 days</i>
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>✓</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>1</i> , 19 <i>48</i> , to <i>2/4</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2/3</i> , 19 <i>51</i> , and that death occurred at <i>11:00</i> a. m., from the causes and on the date stated above.		
23A. SIGNATURE <i>SS Harding</i>	23B. ADDRESS <i>3805 Belair Rd</i>	23C. DATE SIGNED <i>2/4/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/7/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24D. LOCATION (City, town, or county) (State) <i>Eastern Av. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Medred J. Blight</i>	ADDRESS <i>6009 Harford Rd</i>

FEB 5 1951

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CERTIFICATE OF DEATH

State of New York

County of ...

City of ...

On the ... day of ...

at ...

... died ...

... at the age of ...

... years ...

... months ...

... days ...

... hours ...

... minutes ...

... seconds ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

... at ...

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 1105

51 1105

1. NAME OF DECEASED (Type or Print) <i>William Lowe M.D.</i>			2. DATE OF DEATH <i>2/3/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Queen Anne's</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Queenstown Md</i>		
D. STREET ADDRESS (If rural, give location) <i>6700</i>					
5. SEX <i>17</i>			6. COLOR OR RACE <i>W</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>Oct 5, 1917</i>		
9. AGE (In years last birthday) <i>33</i>			10. UNDER 1 Year Months: Days		
11. UNDER 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Doctor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Medical</i>		
13. FATHER'S NAME <i>William H. Lowe</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Cook</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>			16. SOCIAL SECURITY NO. <i>215-10-3072</i>		
17. INFORMANT <i>Harry Clifton Lowe, Queenstown, Maryland</i>			ADDRESS <i>Stevensville, Md</i>		

CAUSE OF DEATH

18. <i>E822.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Multiple Skull Fractures</i>	(A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street U.S.Rt.#50</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>approx. 3 mi. north of Easton approx. 1/2 mi. north of State Rt. 309</i>
21D. TIME (Month) (Day) (Year) (Hour) of INJURY <i>Jan. 30, 1951 4:30 A.m.</i>	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Talbot Co. 7033 Auto skidded and overturned</i>

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>C. P. Sulinski</i>	23B. CHIEF MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <i>2/3/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-6-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Stevensville</i>
24D. LOCATION (City, town, or county) <i>Stevensville, Md.</i>	(State)	

DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams, Md</i>	25. FUNERAL DIRECTOR <i>Barton Bros. Centerville, Md.</i>	ADDRESS
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DECLARATION OF DEATH

Section 1

1. Name of deceased: _____
2. Date of death: _____
3. Place of death: _____
4. Cause of death: _____
5. Signature of declarant: _____
6. Date of declaration: _____

7. Signature of physician: _____
8. Date of signature: _____
9. Signature of medical examiner: _____
10. Date of signature: _____

11. Signature of coroner: _____
12. Date of signature: _____
13. Signature of registrar: _____
14. Date of signature: _____

15. Signature of declarant: _____
16. Date of signature: _____
17. Signature of physician: _____
18. Date of signature: _____
19. Signature of medical examiner: _____
20. Date of signature: _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 1106

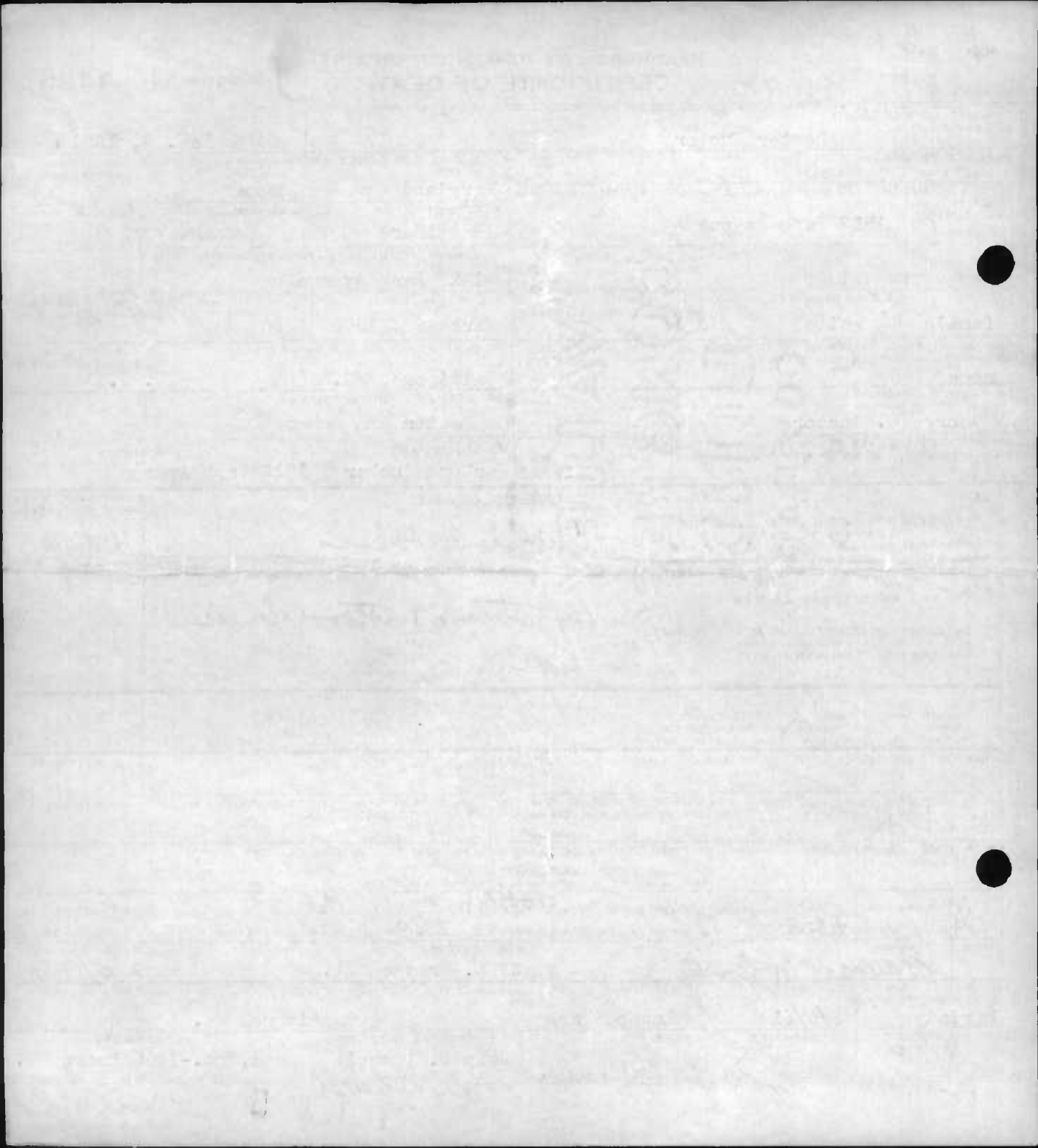
BIRTH NO. 51 1106

1. NAME OF DECEASED (Type or Print) Hester Tucker			2. DATE OF DEATH Feb. 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1527 Park Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1527 Park Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 20, 1870		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME George W. Tucker			12. CITIZEN OF WHAT COUNTRY? U. S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Herbert Tucker			ADDRESS 1527 Park Avenue		

18. 332X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebral embolus DUE TO (B) Hypertension & arteriosclerosis DUE TO (C) Age	INTERVAL BETWEEN ONSET AND DEATH 4 days.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 19, 1950 to Feb 3, 1951 , that I last saw the deceased alive on Feb 3, 1951 and that death occurred at 7:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harold McCarty		23B. ADDRESS 37 W. Preston St.		23C. DATE SIGNED 2/5/1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/6/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William H. Williams		ADDRESS 1900 Eutaw Pl.	

FEB 5 - 1951 **83B**



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1107
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

August L. Ewald, Sr.

2. DATE OF DEATH
Feb. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

none

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Edgewood Nursing Home

6000 Bellona Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8 E. 39th St.

c. Length of stay in Baltimore

68 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

5 - 22 - 68

9. AGE (In years last birthday)

82

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

cabinet maker

10B. KIND OF BUSINESS OR INDUSTRY

retired self-employed

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

August L. Ewald

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr. August L. Ewald, Jr. - 8 E. 39th St.

18. 47011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial insufficiency

34p

(C) Arterio-sclerosis

15 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January, 1941, to Feb. 4, 1951, that I last saw the deceased alive on Feb. 4, 1951, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

6 E. Read St.

2/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2 - 7 - 51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

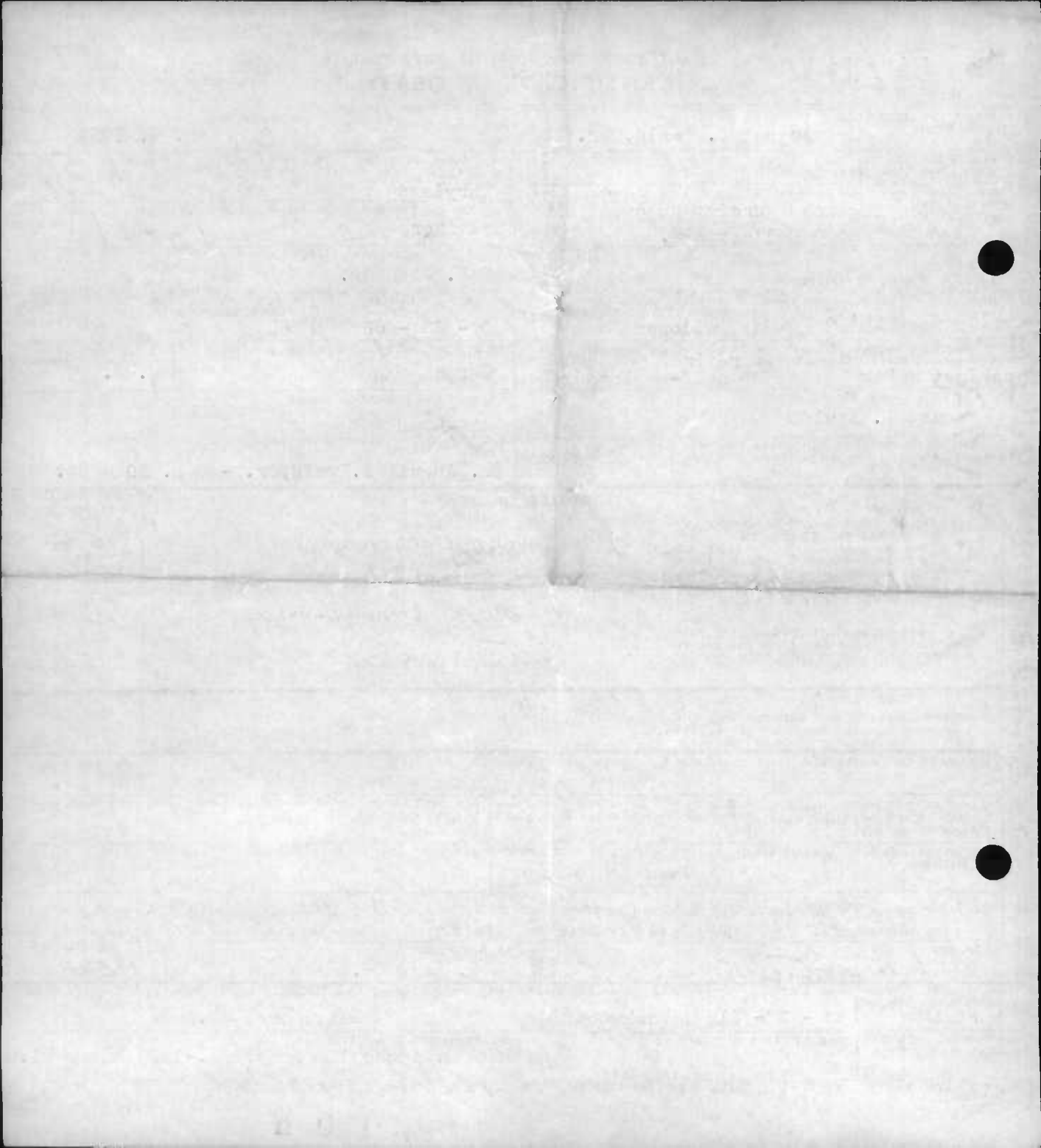
John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

Mathew B. Mitchell

FEB 5 - 1951

VS 150

94a



S-300
1108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

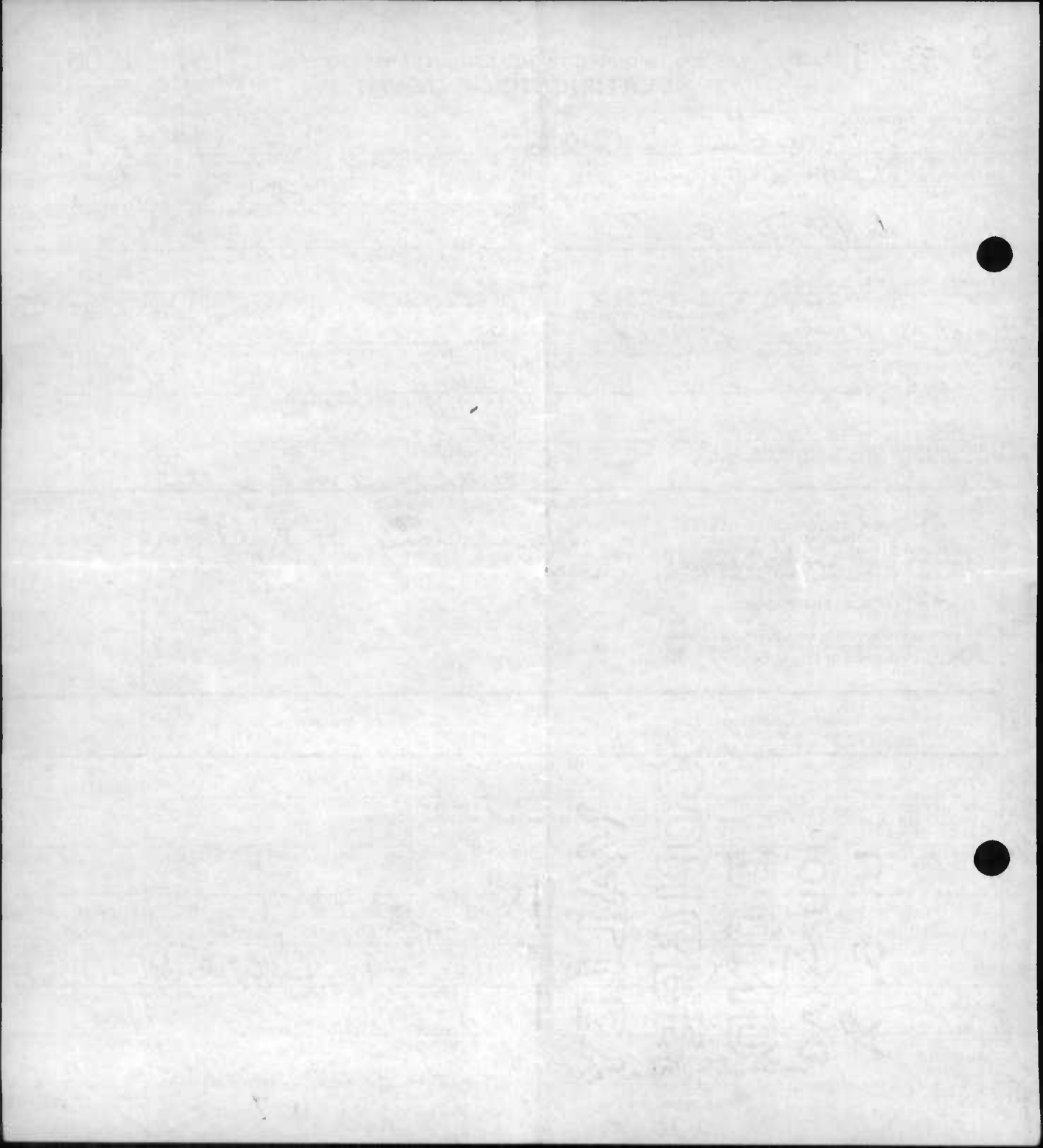
Registered No. 51 1108

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lizzie Lee Scott</i>		2. DATE OF DEATH <i>2/4-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>645 Dover St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>645 Dover St</i> B. COUNTY <i>2</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>645 Dover St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>22-02</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-15-1884</i>
9. AGE (In years last birthday) <i>66</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Gurkenn</i>		14. MOTHER'S MAIDEN NAME <i>Bertha Lee</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>William Scott 645 Dover Street</i>		ADDRESS	
18. <i>154X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Rectum</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb. 1, 1951</i> , to <i>Feb. 1, 1951</i> , that I last saw the deceased alive on <i>Feb. 1, 1951</i> , and that death occurred at <i>9459</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. R. Johnson</i>		23B. ADDRESS <i>403 W. Park St</i>	
23C. DATE SIGNED <i>2/4-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-8-1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mount Auburn Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore City Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>5-1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Joseph A. Lively</i>		ADDRESS <i>66 W. Bane St</i>	

MEDICAL CERTIFICATION

467



C-636
BIRTH NO. 51 1109BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1109

1. NAME OF DECEASED (Type or Print) HARVEY CARTER			2. DATE OF DEATH Feb. 2, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
a. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 1019 Sarah Ann St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 10, 1890	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) For Self		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Anthony Carter			14. MOTHER'S MAIDEN NAME Harriett Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Edith Carter 1325 W. Saratoga St		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia DUE TO (B) Arteriosclerotic Cardiovascular Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE Stanley H. Durlacher M.D.	23b. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23c. DATE SIGNED Feb. 3, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-8-51	24c. NAME OF CEMETERY OR CREMATORY Western Star Cemetery	24d. LOCATION (City, town, or county) (State) Baltimore County Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951	REGISTRAR'S SIGNATURE W. H. Williams, M.D.	25. FUNERAL DIRECTOR Joseph A. Lynch	ADDRESS 661 W. Bane Street

E-610

51 1110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1110

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS L. EARP

2. DATE
OF
DEATH

Feb. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4623 Schenley Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-14

D. STREET ADDRESS (If rural, give location)

4623 Schenley Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Mar. 20, 1871

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance (Life)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Earp

14. MOTHER'S MAIDEN NAME

Frances

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

220-14-0957

17. INFORMANT

ADDRESS

Mr. Martin T. Firor - 4623 Schenley Rd.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

arterior schlerosis, generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Secondary, diverticuli of the sigmoid

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

X

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

no injury or accident

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1949 19 to Feb 3, 1951, that I last saw the
deceased alive on Feb. 3, 1951 and that death occurred at 6:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/6/51

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cem.

24D. LOCATION (City, town, or county)

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

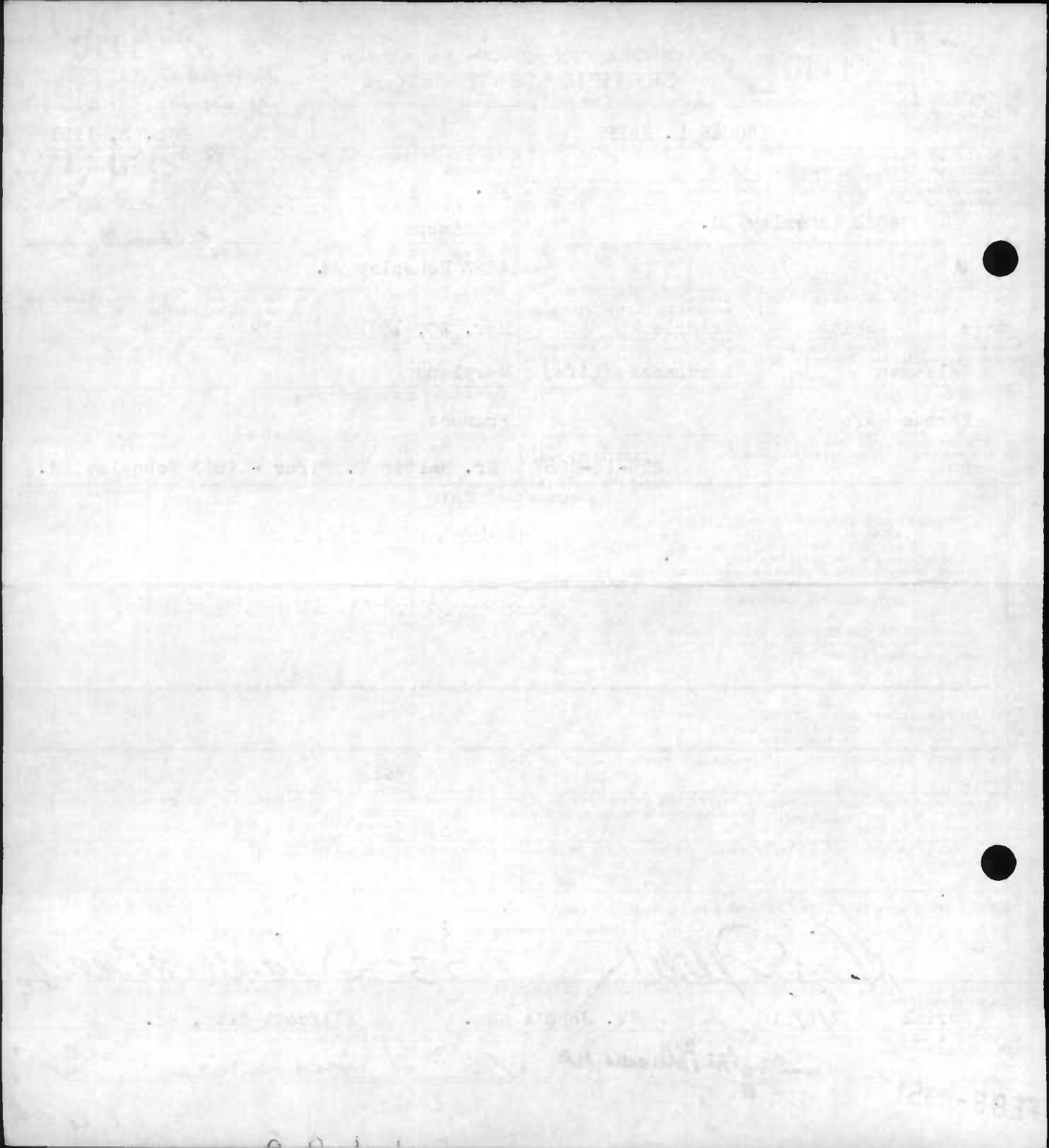
ADDRESS

Hugh J. Welch

Wm. J. Pickens & Sons

FEB 5 - 1951

97



C-65 211
MD-116648BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1111
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sinclair Cornish

2. DATE
OF
DEATH 2-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12D. STREET ADDRESS (If rural, give location)
B.C.H. 4940 Eastern Avenue

c. Length of stay in Baltimore

21 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

Dec. 7, 1910

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Payton

14. MOTHER'S MAIDEN NAME

Edith Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 007X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

Many Years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-30-1951

19B. MAJOR FINDINGS OF OPERATION

Intraspinal Cord Lesion

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1948 to 2-2, 1951 that I last saw the
deceased alive on 2-2, 1951 and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

2-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

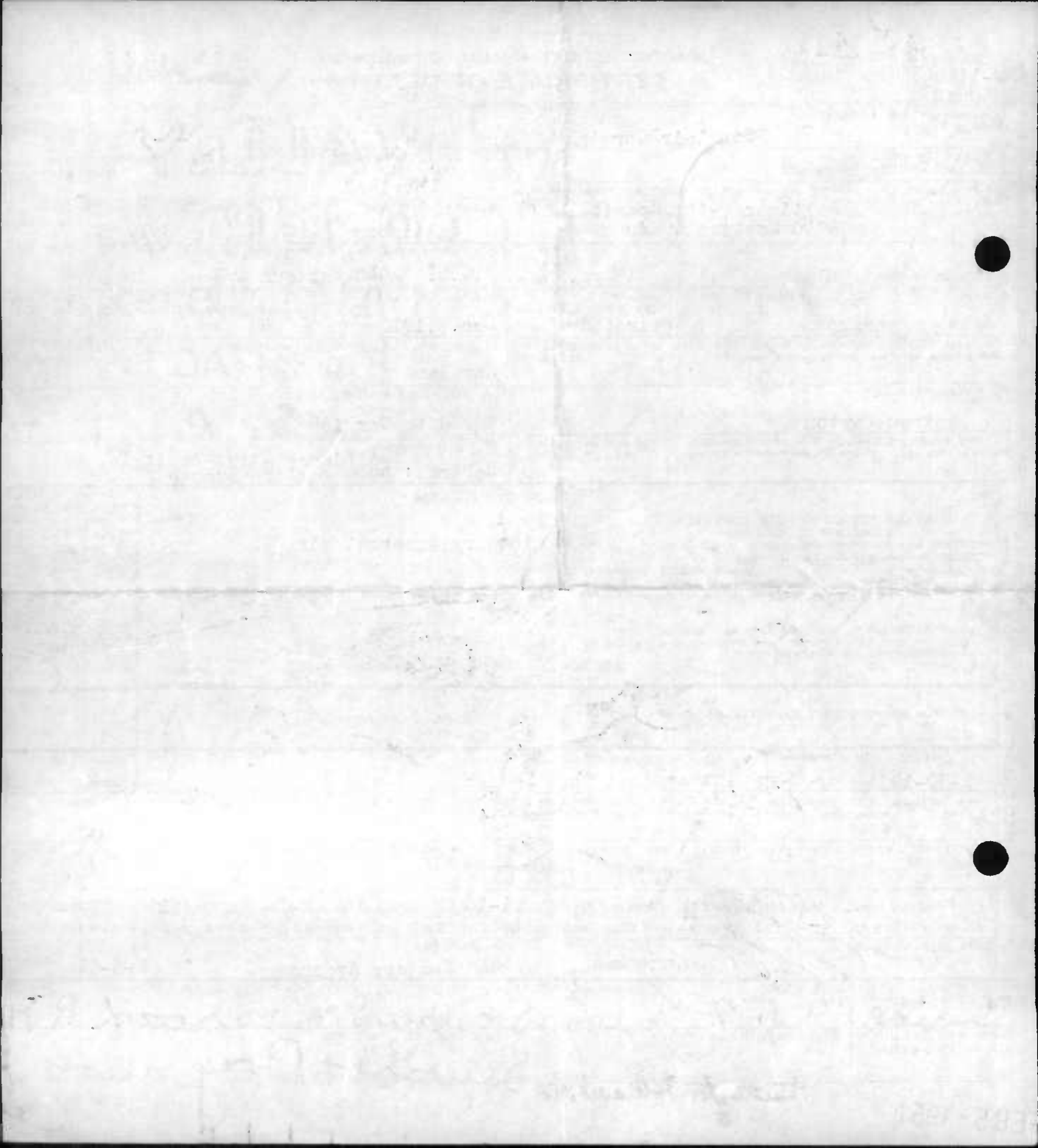
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

FEB 5 - 1951



C-636
51 1112BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1112

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Margaret Carter		2. DATE OF DEATH Feb 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 11-04 1212 - McCulloh St	
5. SEX Fe	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov 27, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (in years last birthday) 57	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Clayton Mitchell	
14. MOTHER'S MAIDEN NAME Susie Ward		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Louise Smith	
18. ADDRESS St. Mary's 559		19. INTERVAL BETWEEN ONSET AND DEATH 4 days	

CAUSE OF DEATH

18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acidosis	(A) DUE TO	4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cellulitis Right Leg	(B) DUE TO	1 week
Diabetes Mellitus	(C) DUE TO	Undetermined

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1 - 30 - 1951**, to **2 - 1 - 1951**, that I last saw the deceased alive on **2 - 1 - 1951**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE J. Mark G.	23B. ADDRESS 1514 - Dunescon	23C. DATE SIGNED 2-3-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-6-1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
24D. LOCATION (City, town, or county) Balto.	24E. STATE Md.	24F. FUNERAL DIRECTOR Mr. V. R. Williams
24G. ADDRESS 322	24H. DATE RECEIVED BY LOCAL REGISTRAR FEB 5 - 1951	24I. REGISTRAR'S SIGNATURE William H. Williams

61

Marjaret Porter Feb 1972

Marjaret Porter
1-10-1972
McCollister

Marjaret Porter
1-10-1972
McCollister

Marjaret Porter
1-10-1972
McCollister

Marjaret Porter
1-10-1972
McCollister

Marjaret Porter
1-10-1972
McCollister

Marjaret Porter
1-10-1972
McCollister

Marjaret Porter
1-10-1972
McCollister

Marjaret Porter
1-10-1972
McCollister

M-625
51 1113BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1113
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINA JUZIE MARCINKAVICIEN

2. DATE
OF
DEATH

2-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

830 Hollins St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
(WHAT COUNTRY?)

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 1, 1950, to Feb 2, 1951, that I last saw the
deceased alive on Feb 2, 1951, and that death occurred at 12:10 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

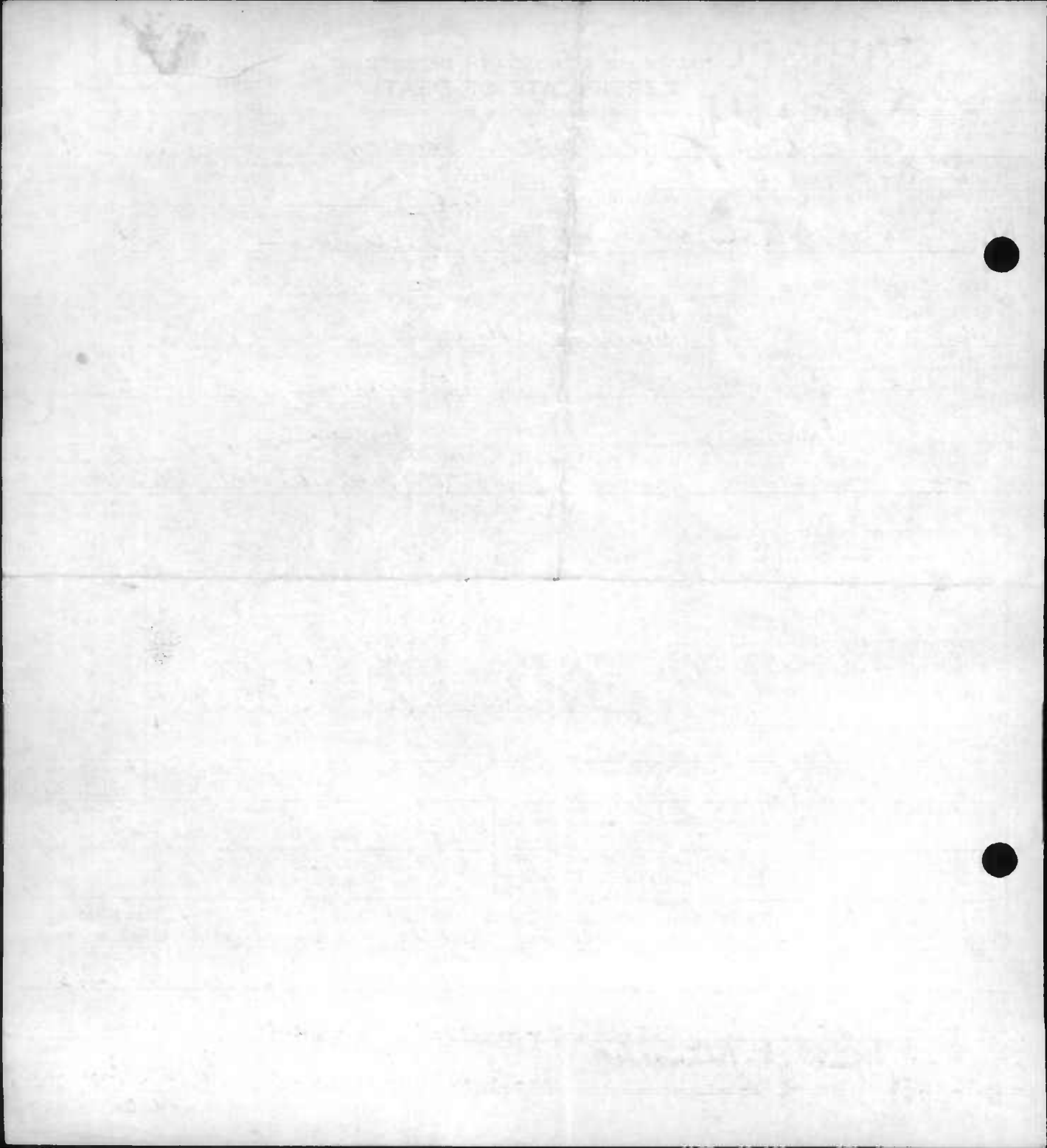
25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

VS 150

MEDICAL CERTIFICATION



R-162
51 1114BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1114

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Casimir Rybarczyk			2. DATE OF DEATH Feb, 4th, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-31 1-04		
c. Length of stay in Baltimore 60 years			D. STREET ADDRESS (If rural, give location) 2220 Essex Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?? 1870	9. AGE (In years last birthday) ?? 80	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevedore		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Rybarczyk			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 220-09-0638	17. INFORMANT ADDRESS Mrs. Catherine Rawinisz 511 S. Ann Street		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) CHRONIC MYOCARDITIS DUE TO (B) ARTERIOSCLEROTIC CARDIO-VASCULAR DIS. DUE TO (C) 1- OLD CEREBRAL HEMORRAGE WITH RIGHT HEMIPLÉGIA	INTERVAL BETWEEN ONSET AND DEATH ??? ??? ???
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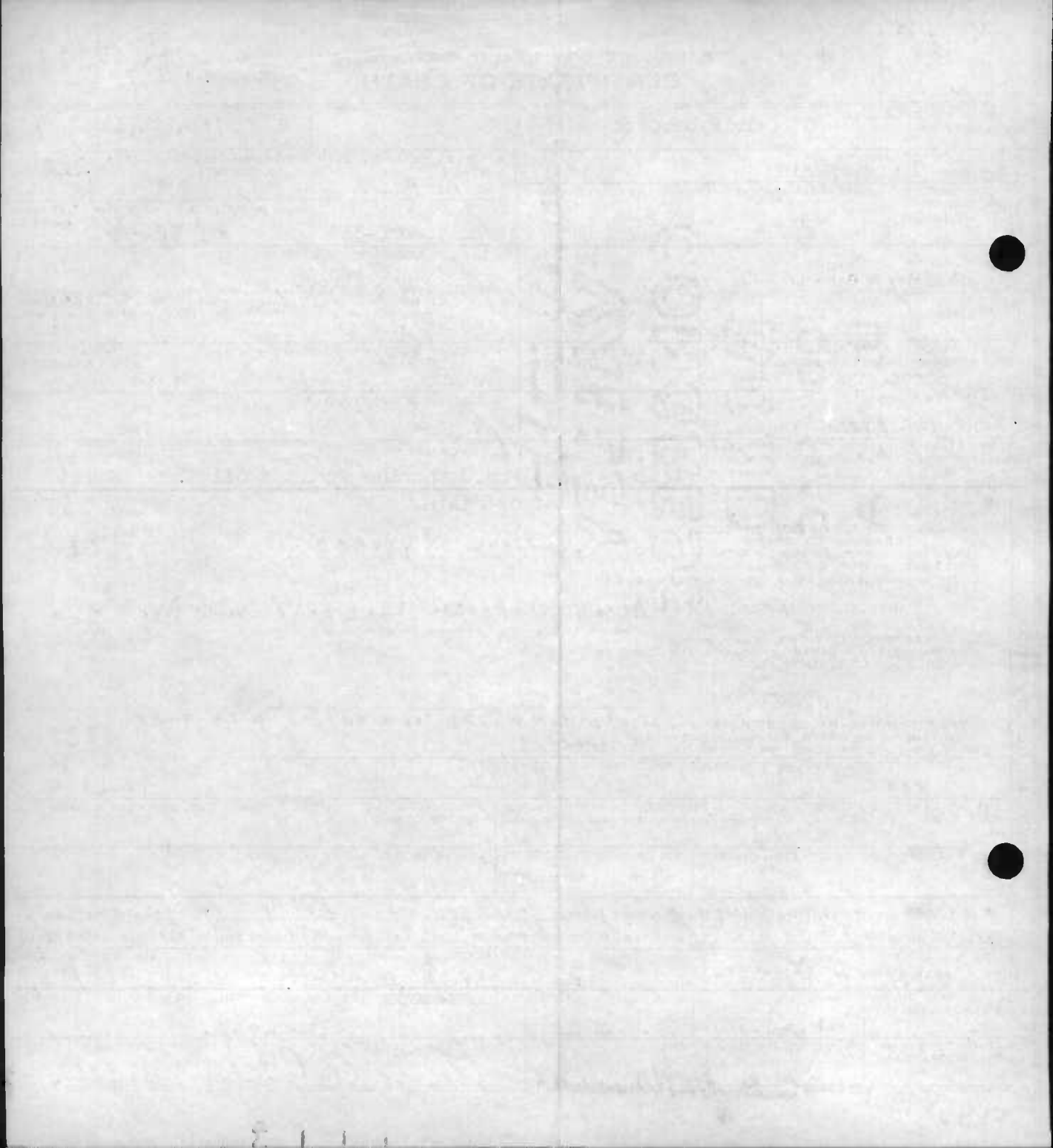
19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1950, to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE Joseph F. Dranga	23B. ADDRESS M. D. 209 S. Chester St	23C. DATE SIGNED 2/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb, 8-1951	24C. NAME OF CEMETERY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George A. Weber	ADDRESS 705 S. Ann St

FEB 5 1951

93D



S-354
51 1115BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 51 1115
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH D. STANLEY

2. DATE
OF
DEATH

February 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pasadena

D. STREET ADDRESS (If rural, give location)

Gov. Ritchie Highway, near Dog Kennel

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 8, 1906

9. AGE (in years
last birthday)

44 43

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Dye cleaner helper10B. KIND OF BUSINESS OR
INDUSTRY
National Plastic Co.

11. BIRTHPLACE (State or foreign country)

Beaverdam, Virginia

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Wallace Stanley

14. MOTHER'S MAIDEN NAME

Willie A. Perkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
219-03-2513

17. INFORMANT

ADDRESS

Dallas Stanley, Glen Burnie P. O.

18. E982X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Stab wound of back involving chest and
abdomen with intraperitoneal and
intrathoracic hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Gov. Ritchie Highway, Pasadena, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 4, 1951 3:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Stabbed with a knife

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 5, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p> <p>2. Sex: _____</p> <p>3. Age: _____</p> <p>4. Date of birth: _____</p> <p>5. Place of birth: _____</p> <p>6. Usual residence: _____</p> <p>7. Cause of death: _____</p> <p>8. Date of death: _____</p> <p>9. Time of death: _____</p> <p>10. Place of death: _____</p>	<p>11. Name of informant: _____</p> <p>12. Address of informant: _____</p> <p>13. Signature of informant: _____</p> <p>14. Signature of registrar: _____</p> <p>15. Date of registration: _____</p>
--	---

<p>16. Name of informant: _____</p> <p>17. Address of informant: _____</p> <p>18. Signature of informant: _____</p> <p>19. Signature of registrar: _____</p> <p>20. Date of registration: _____</p>	<p>21. Name of informant: _____</p> <p>22. Address of informant: _____</p> <p>23. Signature of informant: _____</p> <p>24. Signature of registrar: _____</p> <p>25. Date of registration: _____</p>
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N-216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1116

BIRTH NO.

51 1116

1. NAME OF DECEASED
(Type or Print)

Ada Lee Neugebauer

2. DATE
OF
DEATH

Feb. 4-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 401 Greenlow Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

401 Greenlow Rd GREENLOW

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 23-1914

9. AGE (In years
last birthday)

36

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown Bryant

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 401

Mr. Rott. F. Neugebauer Greenlow Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Paraneoplastic
urinary blockage

Jan 31 '51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of cervix

Feb '50

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb 3 '50
Apr 14 '50

19B. MAJOR FINDINGS OF OPERATION

cervix - Carcinoma of cervix
metastatic - Carcinoma due to Carcinoma

20. AUTOPSY?

YES ☐ NO ☒24A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)24B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)24C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)24D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

24E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

24F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1950, to Feb 4, 1951, that I last saw the
deceased alive on Feb 4, 1951, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Mansfield

23B. ADDRESS

M. D. 446 E. Biddle St. Balt. Md

23C. DATE SIGNED

Feb 5 '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-7-51

24C. NAME OF CEMETERY OR CREMATORY

Londond Park Cem Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1951

Huntington Williams, MD

Geo. R. Berger Jr 1512 Hollins St
Balt. 23 Md

48a

CERTIFICATE OF BIRTH

in and for
the State of

S-225

51 1117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1117

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL W. SZCZESNIAK (SZCZEINAK)

2. DATE
OF
DEATH

Feb. 3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

804 S. Linwood

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 25-93

9. AGE (In years,
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

elevator operator Amer. Can. Co.

10B. KIND OF BUSINESS OR
INDUSTRY

Amet. Can. Co.

13. FATHER'S NAME

Anthony Szczesniak

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes World War II 16-03-0858

16. SOCIAL
SECURITY NO.

216-03-0858

17. INFORMANT

Mrs. Helen Szczesniak

ADDRESS

145 AM 2-3-51

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertension C.V. Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Hemorrhage

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

none

21B. PLACE OF INJURY (o.g., in or
about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID
INJURY OCCUR?

none

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

none

22. I hereby certify that I attended the deceased from 2-3-51, 19, to 2-3-51, 19, that I last saw the deceased alive on 2-3-51, 19, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Schimmuck

M.D.

23B. ADDRESS

842 E. East Ave

23C. DATE SIGNED

2-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6 1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 5-1951

REGISTRAR'S SIGNATURE

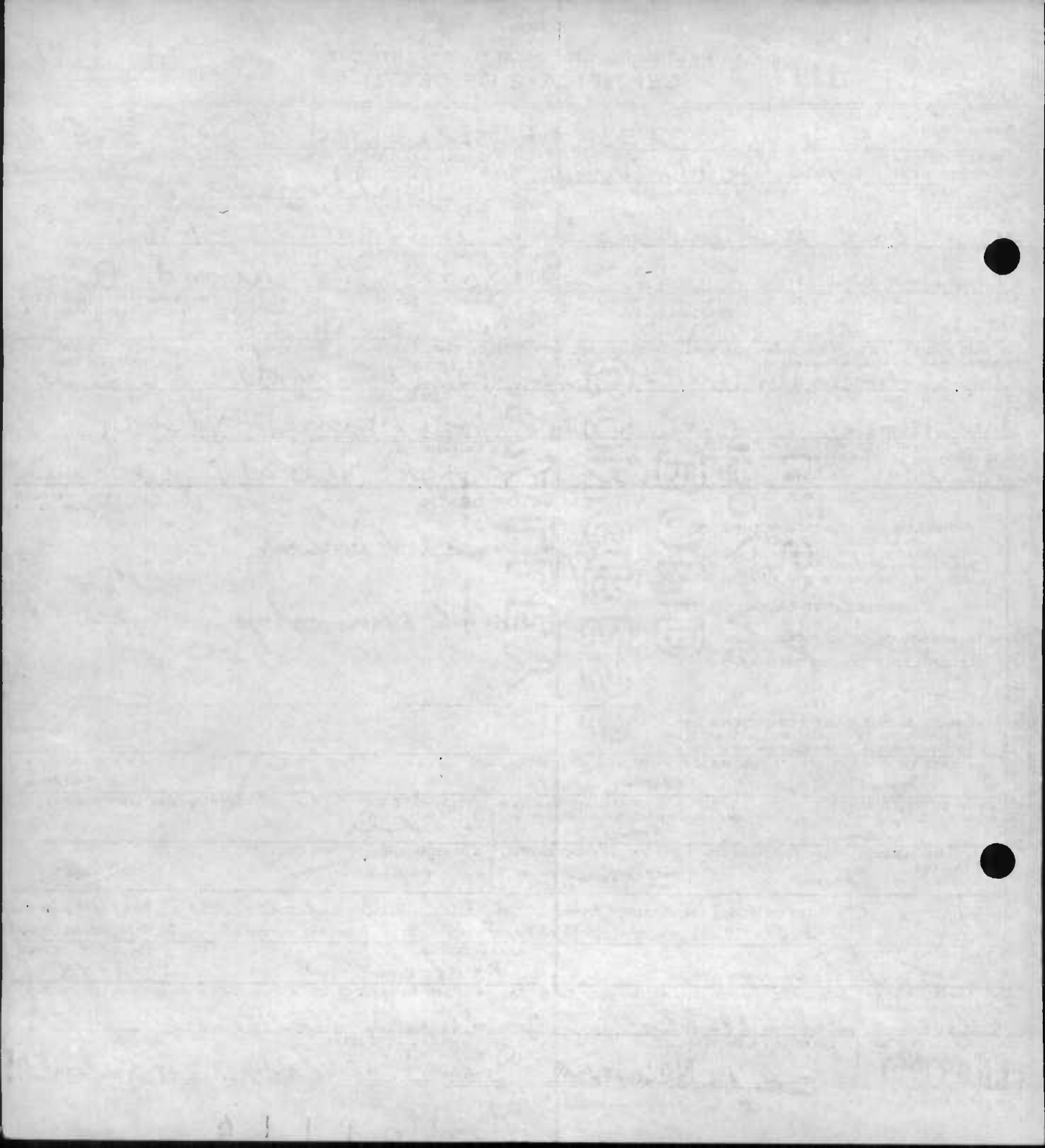
E. Schimmuck

25. FUNERAL DIRECTOR

John J. Dudas Inc 2829 Hudson St

ADDRESS

1961 3D 01116 93D



520

51 1118

GAINES

51 1118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-02265

1. NAME OF DECEASED
(Type or Print)

Baby Gail James "A"

2. DATE
OF
DEATH

1-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-04D. STREET ADDRESS (If rural, give location)
308 Athol Ave. Athol

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1-29-51

9. AGE (In years last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gaines, Dorothy

14. MOTHER'S MAIDEN NAME

marcia Kathleen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marina James

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Prematurity
DUE TO

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-29, 1951 to 1-29, 1951, that I last saw the deceased alive on 1-29, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Medical M. D.

23B. ADDRESS

University

23C. DATE SIGNED

1-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL FEB 5 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

FEB 6 - 1951

VS 150

159

CERTIFICATE OF ENTRY

UNITED STATES
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

520
51 1119BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-02266

1. NAME OF DECEASED (Type or Print) BABY GIRL GAINES "B"		2. DATE OF DEATH 1-31-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04	
c. Length of stay in Baltimore 3 Days		D. STREET ADDRESS (If rural, give location) 308 4th St. N.E.	
5. SEX Female	6. COLOR OF RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1/29/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Barry Gaines		14. MOTHER'S MAIDEN NAME Marcia Koffland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Marcia Gaines		ADDRESS	

18. **776 X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

PREMATURITY

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

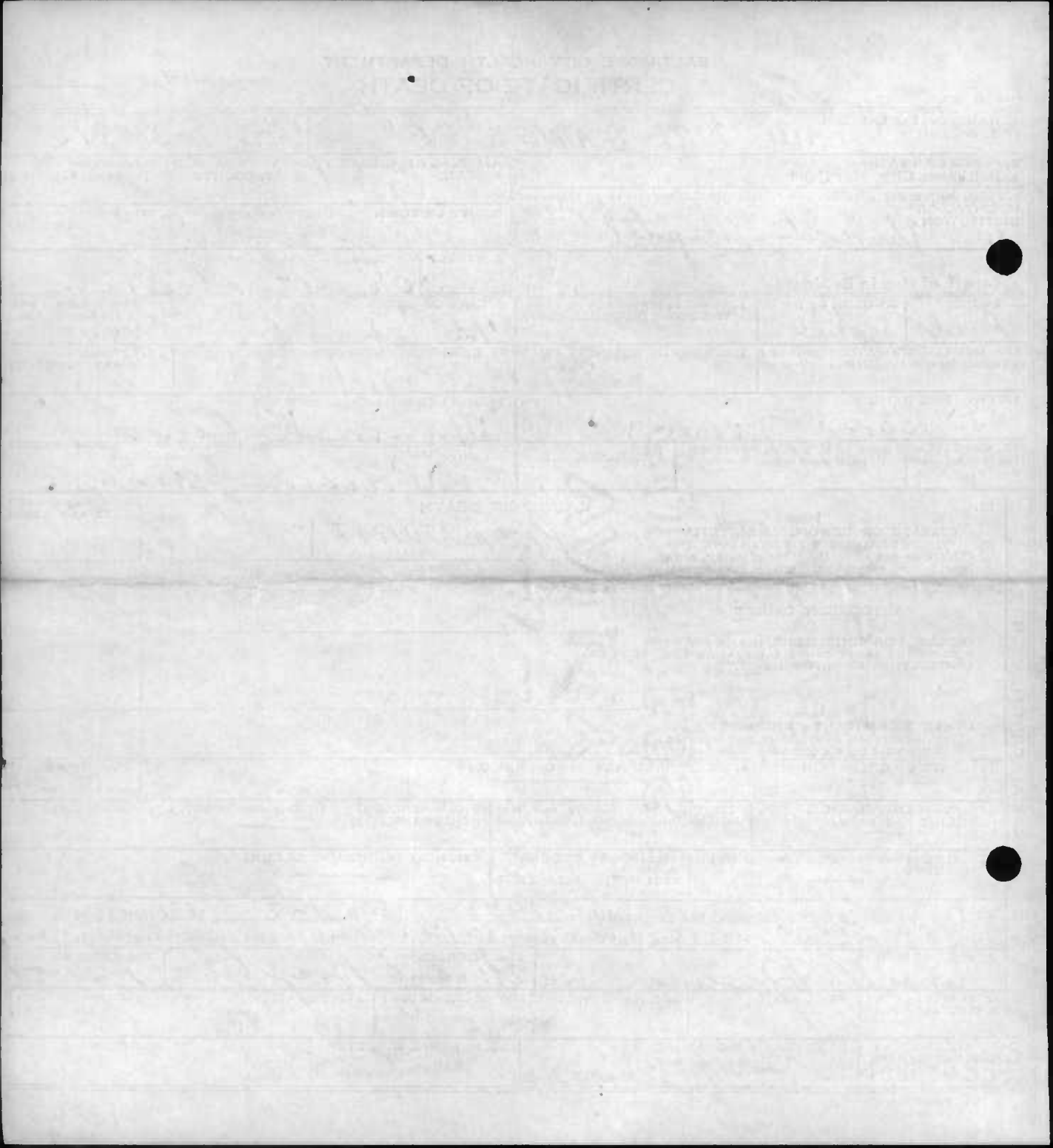
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-29** 19**51**, to **1-31** 19**51**, that I last saw the deceased alive on **1-30** 19**51**, and that death occurred at **1:54** m., from the causes and on the date stated above.

23A. SIGNATURE James M. Biscan	23B. ADDRESS University Hospital	23C. DATE SIGNED 1-31-51
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1951	REGISTRAR'S SIGNATURE Thurston Williams, Jr.	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS



AB-131000 51 1120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1120

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob Snell

2. DATE
OF
DEATH

1-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

26-12

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

No HOME

D. STREET ADDRESS (If rural, give location)
Baltimore City Hospitals-
4940 Eastern Ave.,

C. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Aug. 7- 1886

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Snell

14. MOTHER'S MAIDEN NAME

Mary Irvin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 472.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

24 Hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Disease

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-_____, 1949 to 1-27-_____, 1951, that I last saw the
deceased alive on 1-27-_____, 1951, and that death occurred at 7:50am from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
4940 Eastern Ave.
Baltimore City Hospitals23C. DATE SIGNED
1-29-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JOHN HOPKINS MEDICAL SCHOOL FEB 5 1951

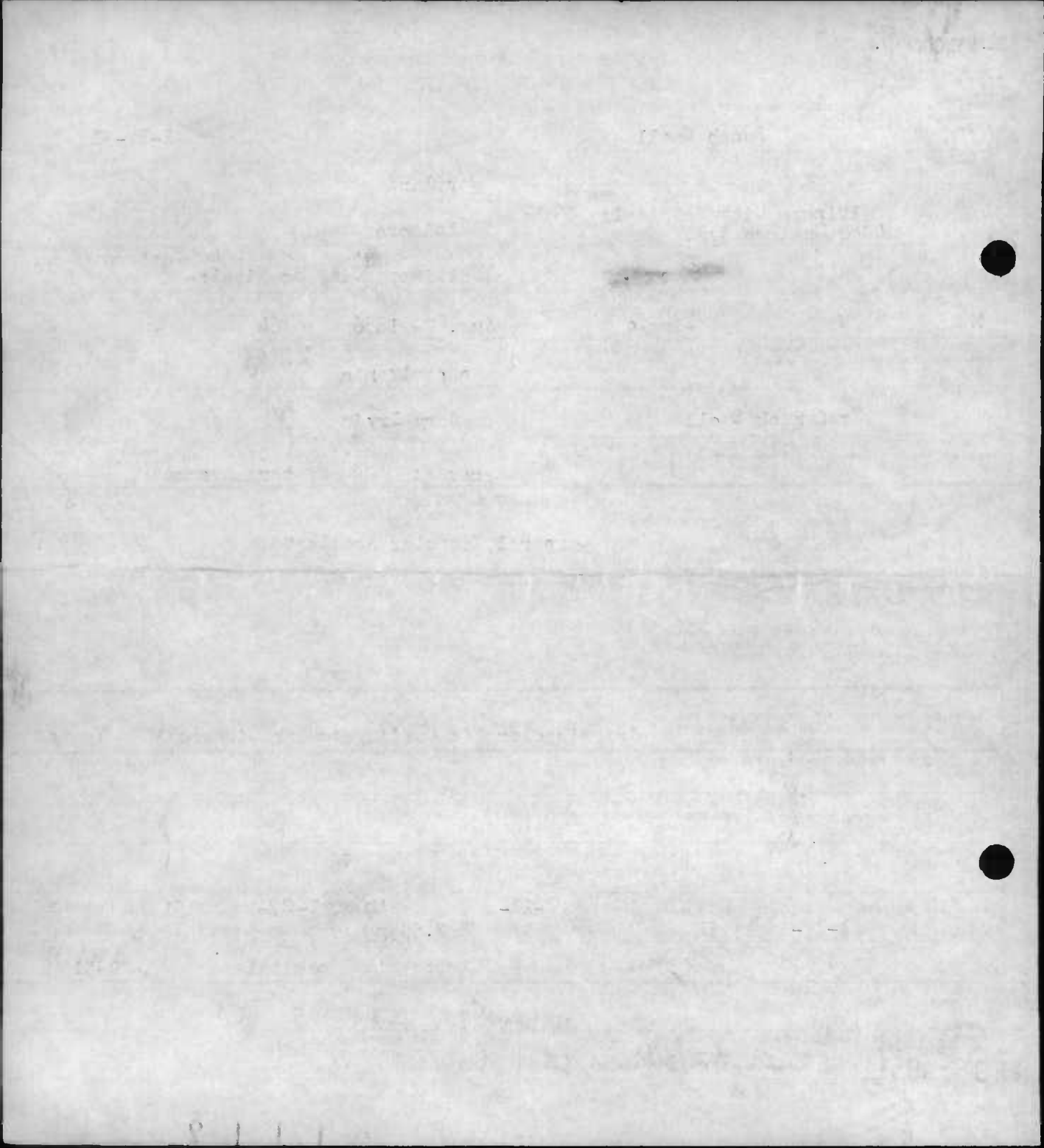
25. FUNERAL DIRECTOR

ADDRESS

FEB 6-1951

T. J. Williams, M.D.

Commissioner of Health



B-634

BOARDLEY

51 1121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or for unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Type Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio-sclerosis

DUE TO

II

(C) Chr. Nephritis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 2, 1951, to Feb. 3, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 10:00 P. M.; from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Place of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Coroner		12. Signature of Burial Officer	
13. Date of Burial		14. Place of Burial		15. Name of Burial Place		16. Name of Minister	
17. Name of Undertaker		18. Name of Funeral Home		19. Name of Cemetery		20. Name of Grave	
21. Name of Interment		22. Name of Burial		23. Name of Burial		24. Name of Burial	
25. Name of Burial		26. Name of Burial		27. Name of Burial		28. Name of Burial	
29. Name of Burial		30. Name of Burial		31. Name of Burial		32. Name of Burial	
33. Name of Burial		34. Name of Burial		35. Name of Burial		36. Name of Burial	
37. Name of Burial		38. Name of Burial		39. Name of Burial		40. Name of Burial	
41. Name of Burial		42. Name of Burial		43. Name of Burial		44. Name of Burial	
45. Name of Burial		46. Name of Burial		47. Name of Burial		48. Name of Burial	
49. Name of Burial		50. Name of Burial		51. Name of Burial		52. Name of Burial	
53. Name of Burial		54. Name of Burial		55. Name of Burial		56. Name of Burial	
57. Name of Burial		58. Name of Burial		59. Name of Burial		60. Name of Burial	
61. Name of Burial		62. Name of Burial		63. Name of Burial		64. Name of Burial	
65. Name of Burial		66. Name of Burial		67. Name of Burial		68. Name of Burial	
69. Name of Burial		70. Name of Burial		71. Name of Burial		72. Name of Burial	
73. Name of Burial		74. Name of Burial		75. Name of Burial		76. Name of Burial	
77. Name of Burial		78. Name of Burial		79. Name of Burial		80. Name of Burial	
81. Name of Burial		82. Name of Burial		83. Name of Burial		84. Name of Burial	
85. Name of Burial		86. Name of Burial		87. Name of Burial		88. Name of Burial	
89. Name of Burial		90. Name of Burial		91. Name of Burial		92. Name of Burial	
93. Name of Burial		94. Name of Burial		95. Name of Burial		96. Name of Burial	
97. Name of Burial		98. Name of Burial		99. Name of Burial		100. Name of Burial	

51 1122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1122
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILDRED VERA SEWELL		2. DATE OF DEATH Feb. 3. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1745 Cliftview Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13 8-05	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1745 Cliftview Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10. 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 47
13. FATHER'S NAME John D. Henck		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Della Dillard	
17. INFORMANT George T. Sewell Sr. (Husband)		17. ADDRESS 1745 Cliftview Ave	

18. 4120.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Hypertension + DUE TO (C) Chronic Brights INTERVAL BETWEEN ONSET AND DEATH 3 - 4 months 10 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

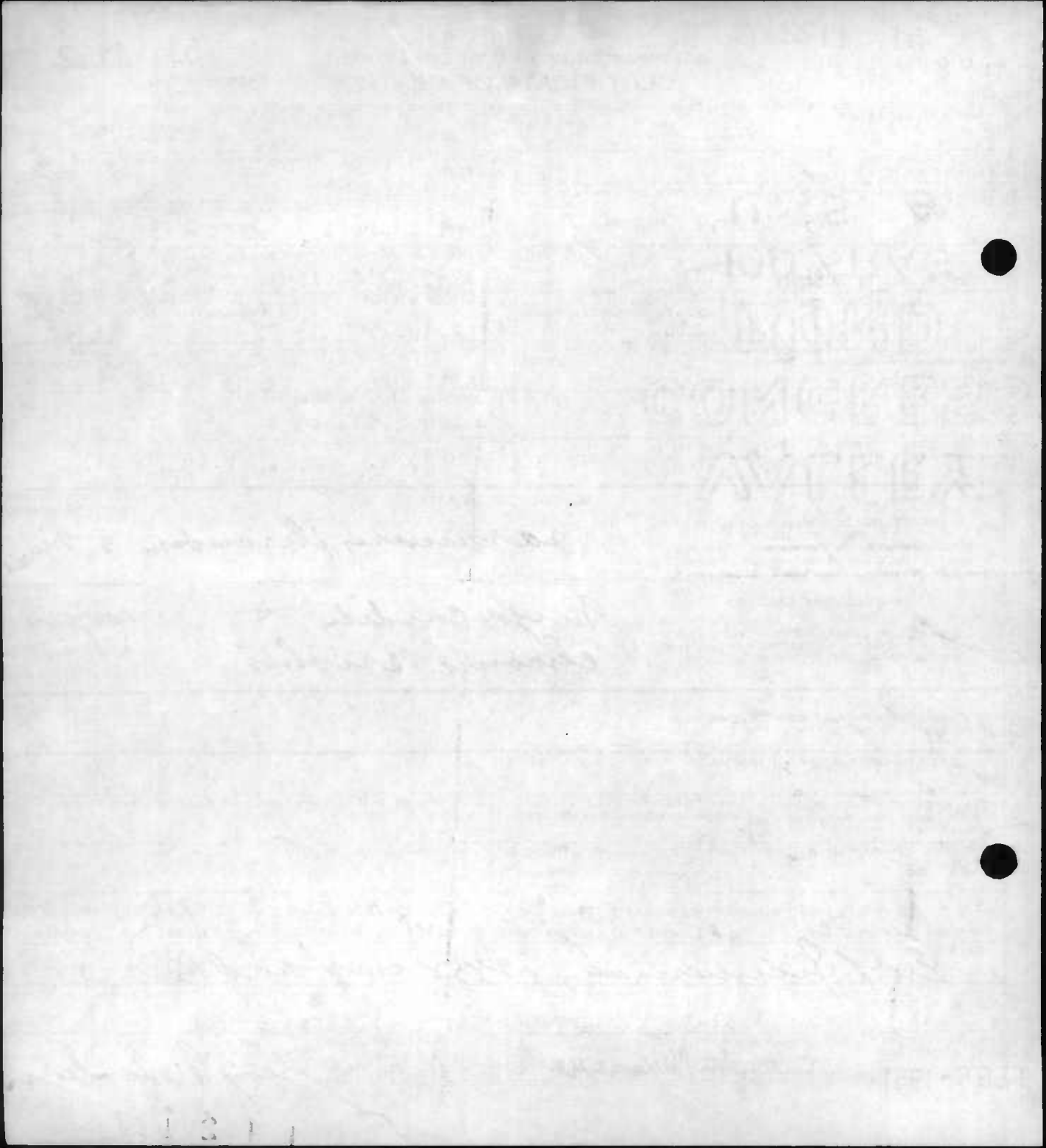
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 5, 1951, to Feb. 3, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE E. L. Zimmerman M. D.		23B. ADDRESS 2858 Haffard Rd		23C. DATE SIGNED 2-3-51	
---	--	---------------------------------	--	----------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 6. 1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
---	--	---------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS Baltimore Md. Sander	
--	--	---	--	---	--	---------------------------------	--



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO. 48-04582

1. NAME OF DECEASED
(Type or Print)

WILLIAM QUEEN

2. DATE OF DEATH

Feb 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

PROVIDENT HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore St. 13-03

D. STREET ADDRESS (If rural, give location)

2517 Salem St.

Length of stay in Baltimore

5. SEX M 6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH

March 1, 1948

9. AGE (In years last birthday)

2

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Queen

14. MOTHER'S MAIDEN NAME

Audrey Crowner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

H's Audrey Queen 2517 Salem St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection and Inquiry thereon and from the evidence obtained by said Autopsy, Inspection and Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

Feb 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

2-7-51

24C. NAME OF CEMETERY OR CREMATORY

St. Calvary Ave

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co. Md.

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

Mr. Frances A. Hensley, Riddle St.

ADDRESS

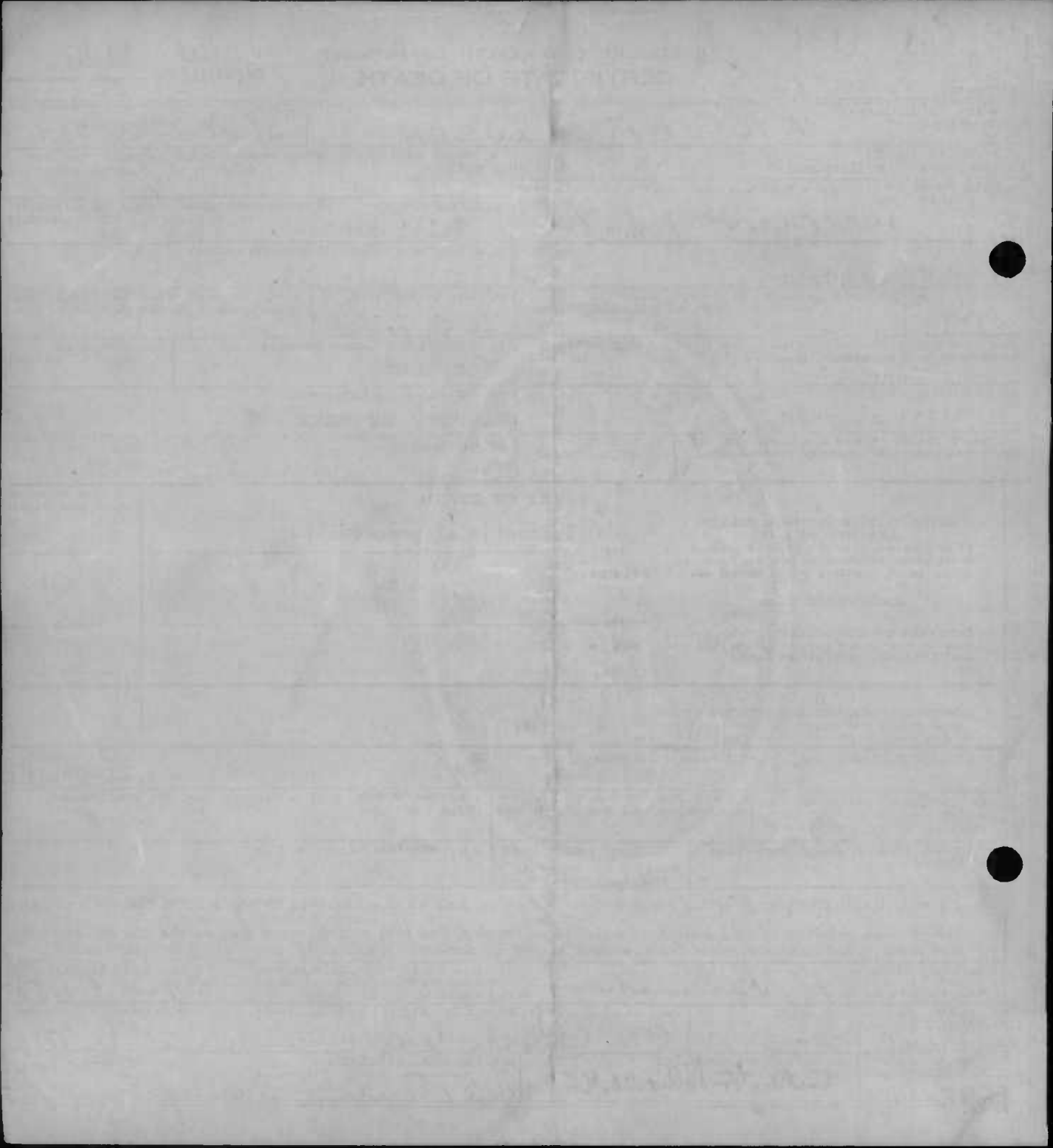
5784

FEB 6 - 1951

VS 151

114E

MEDICAL CERTIFICATION



51 1124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1124
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MEYER HOROWITZ (HORWITZ)

2. DATE
OF
DEATH

2-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Senai Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

6-02

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Senai Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2426 East Baltimore St

C. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year

If Under 24 Hours

62

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Music Boxes

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fannie Horowitz - Same

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic
heart disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-4-51, 1951, to 2-5-51, 1951, that I last saw the
deceased alive on 2-5-51, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry C. Stephan

23B. ADDRESS

Senai Hosp.

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-6-51

Hebrew Friendship

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

Lutington Williams

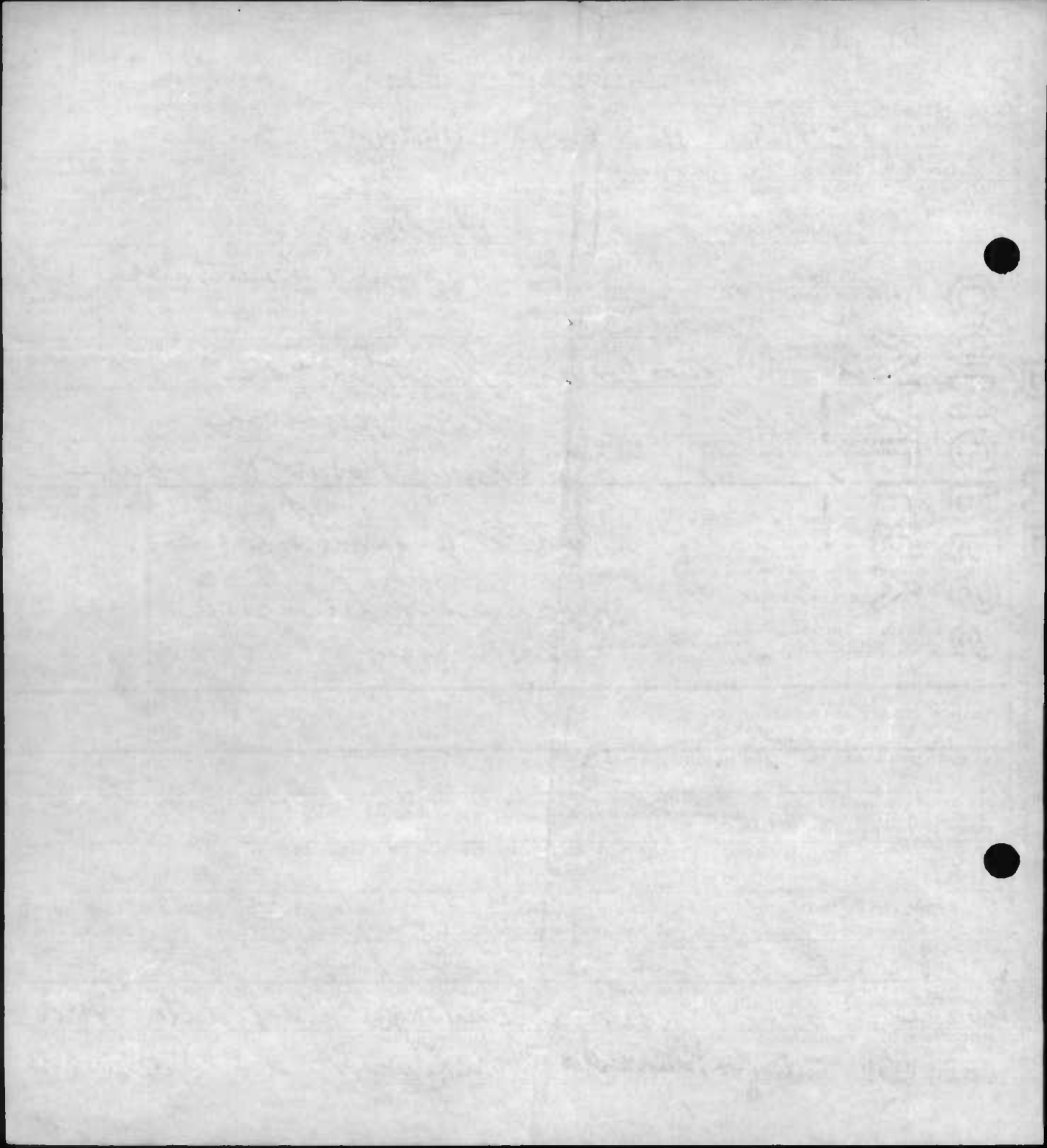
Jack Lewis 2100 East Ave

VS 150

29060

937

MEDICAL CERTIFICATION



526
51 1125WANZER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1125
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adele Haviland Wanzer

2. DATE
OF
DEATH

Feb 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4432 Raspe Ave

c. Length of stay in Baltimore

2 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT Home

10B. KIND OF BUSINESS OR
INDUSTRY

OWN Home

13. FATHER'S NAME

Andrew J. McMahon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 26-01

D. STREET ADDRESS (If rural, give location)

4432 Raspe Ave

8. DATE OF BIRTH

March 22-1867

9. AGE (In years;
last birthday)

83

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

CONN

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Phoebe Haviland

17. INFORMANT

ADDRESS

Mr. Wheeler Wanzer 4432 Raspe Ave

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Senile Arteriosclerosis, Hardened

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May, 1950, to Feb., 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 5:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LeGoux

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

2/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

Quaker Cem New Milford Conn

24D. LOCATION (City, town, or county)

New Milford Conn

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Larsen Funeral Home 7401 Belair Rd Balto Co Md.

FEB 6-1951

VS 150

83a

3023 Eastern ave

Box 9317 Dr Ledner

620

51 1126

JAWORSKI

BALTIMORE CITY HEALTH DEPARTMENT

51 1126

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Jaworski

2. DATE
OF
DEATH

Feb. 3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Sr. Hos.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 2-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

62

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Catherine Grzyb.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Cerebral Ischemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Hypertensive Cerebrovascular Disease

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 10, 1950, to Feb 3, 1951, that I last saw the
deceased alive on Feb 3, 1951, and that death occurred at 7:25 m., from the causes and on the date stated above.

23A. SIGNATURE

William Jaworski

23B. ADDRESS

2711 Eastern Ave.

23C. DATE SIGNED

Feb 6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 7/51

24C. NAME OF CEMETERY OR CREMATORY

St Stanislaus

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Jaworski

25. FUNERAL DIRECTOR

ADDRESS

Fred W. Ozaszewski

FEB 6 - 1951

VS 150

1930 Eastern Ave 937

MEDICAL CERTIFICATION

622 51 1127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1127
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Gorsuch

2. DATE
OF
DEATH

2/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2208 McElderry St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/25/1873

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm Aburn

14. MOTHER'S MAIDEN NAME

Margaret (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Hunt 2208 McElderry St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Degeneration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis - generalized

DUE TO

(C)

Bilateral Acute Paralysis

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 1950 to Feb 4, 1951, that I last saw the
deceased alive on Feb 4, 1951, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Kleines

M. D.

23B. ADDRESS

2623 E. Monument St

23C. DATE SIGNED

2/5/51

24A. BURIAL, CREMA-
TION, REGISTRATION (Specify)

Burial

24B. DATE

2/7/51

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

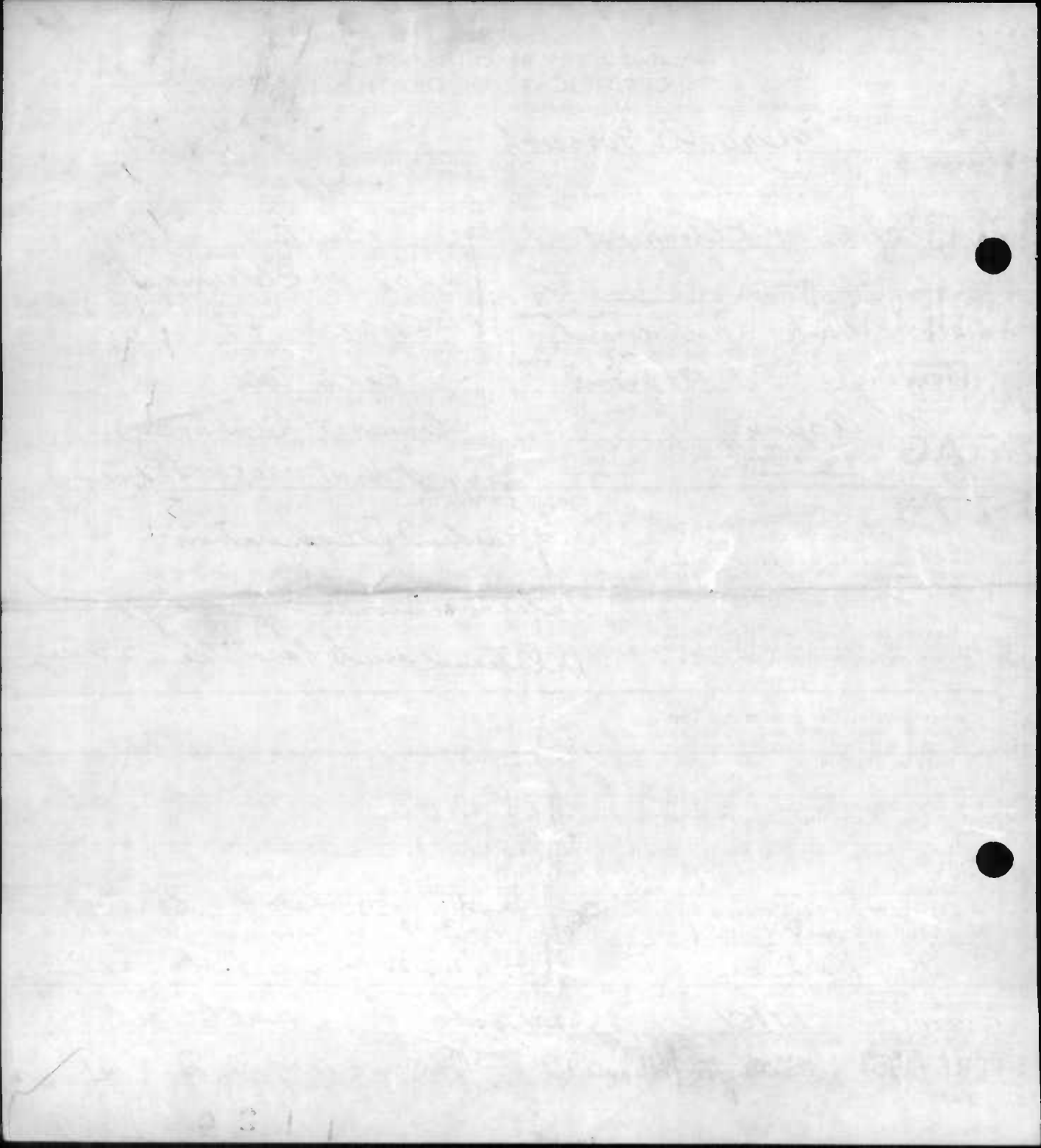
25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St

VS 150

MEDICAL CERTIFICATION



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH M. ALLEN

2. DATE
OF
DEATH

FEB 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1814 ST. PAUL ST. 12-05

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM BAYLY

14. MOTHER'S MAIDEN NAME

MARGARET COPES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. SAMUEL RANDALL

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL VASCULAR ACCIDENT

DUE TO

7 HOURS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROSIS

DUE TO

YEARS

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTRA-ABDOMINAL TUMOR

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH NONE21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 21, 1951, to FEB 5, 1951, that I last saw the
deceased alive on FEB 4, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Helen A. Clohisey, M.D.

23B. ADDRESS

MARYLAND GENERAL HOSPITAL

23C. DATE SIGNED

FEB 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

Ludon Park

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Helen A. Clohisey

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

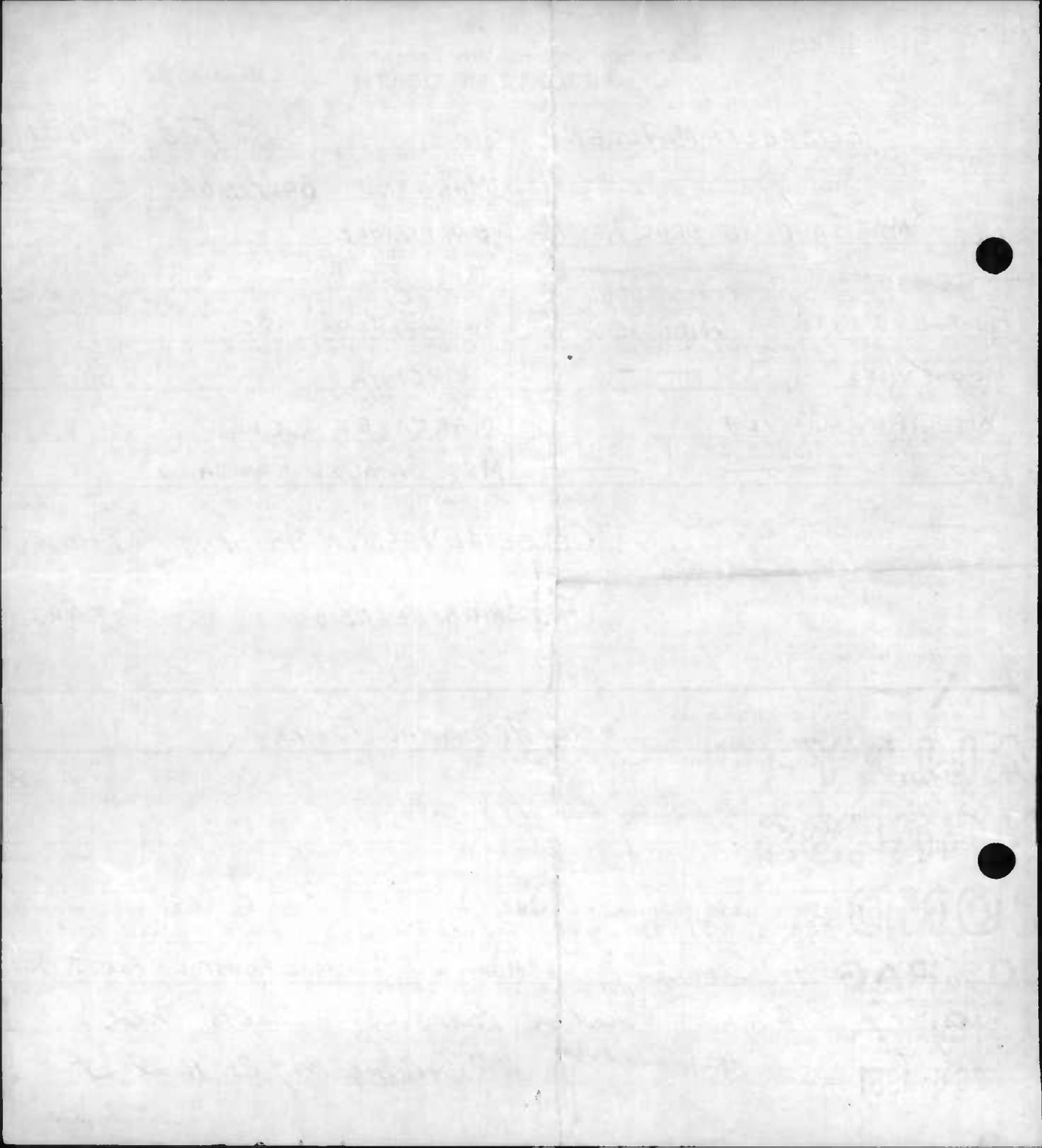
FEB 6 - 1951

VS 150

Helen A. Clohisey

83a

MEDICAL CERTIFICATION



500 51 1129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Rust Bayne

2. DATE

OF DEATH Feb-4-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1700 Park Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Wheeler Nursing Home

Yrs.

Mos.

Days

C. Length of stay in Baltimore

3 1/2 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

New York

B. COUNTY

Long Island

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Shelter Island Hgts. Long Island

D. STREET ADDRESS (If rural, give location)

Shelter Island Hgts. Long Island

8. DATE OF BIRTH

Oct-27-1874

9. AGE (in years last birthday)

76 years

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Catonsville, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William H. Bayne

14. MOTHER'S MAIDEN NAME

Lydia Hemsworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

No

None

None

17. INFORMANT

ADDRESS

Mr. F. C. Crawford (cousin) 1503 John St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congestive Heart Failure

12-18 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocarditis - Antero-septal
Hypertension

Gradual

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from July 9, 1945, to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb-7-1951

Loudon Park Cemetery

Baltimore City, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

Stewart & Mowen Company, 108 W. North Ave.,

City #1.

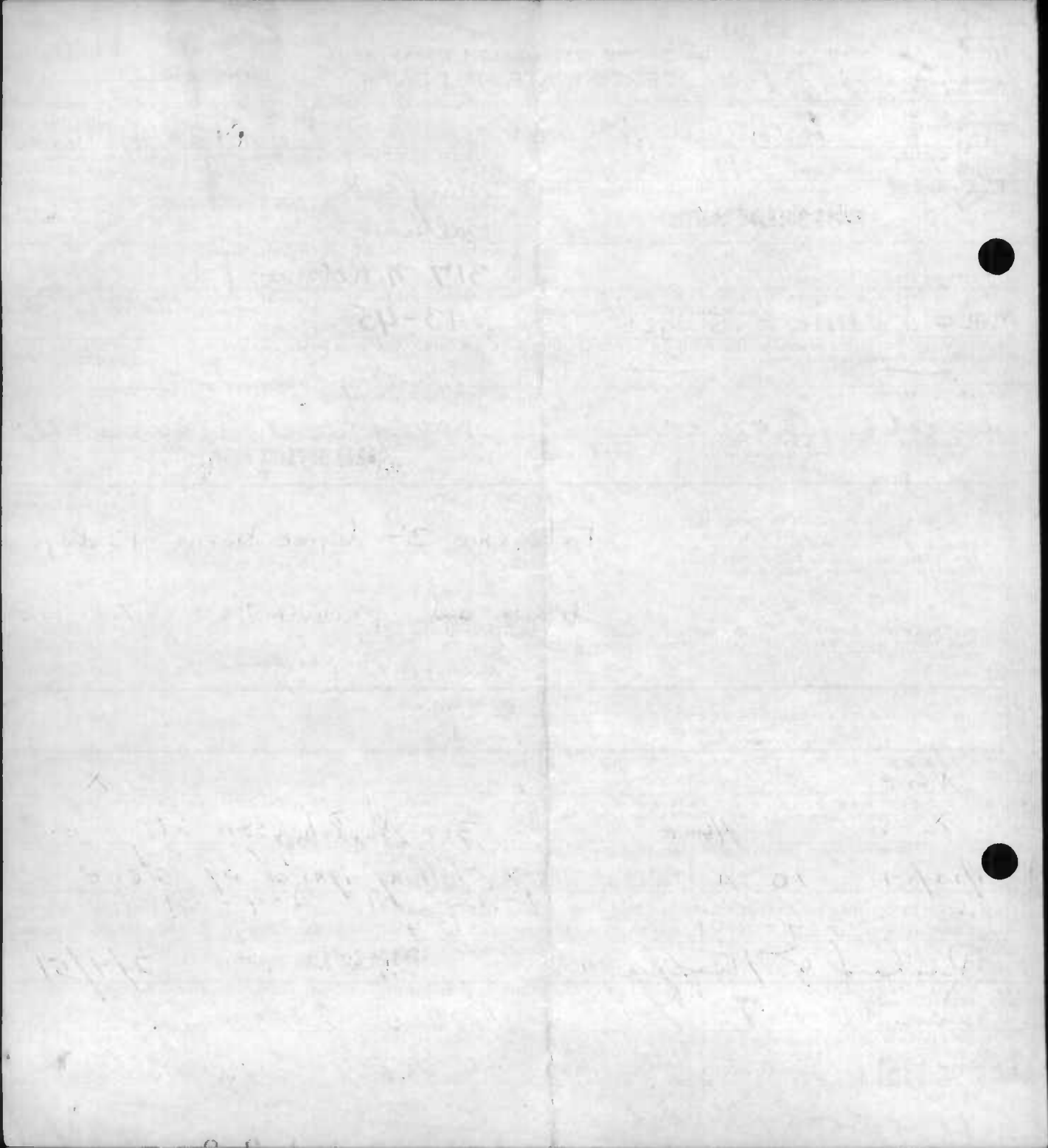
VS 150

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print) ANDREW BOWEN			2. DATE OF DEATH FEB 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Hal 3			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 6-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 317 N. Robinson St.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 2-13-45		9. AGE (in years last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Bowen			14. MOTHER'S MAIDEN NAME Josephine Krasnowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS		

18. E916.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Extensive 3rd degree burns	INTERVAL BETWEEN ONSET AND DEATH 13 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia and pneumonia	7-12 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICATION APPROVED BY Stanley H. Dumas M.D. OR ASST. MEDICAL EXAMINER.	

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 317 N. Robinson St.			
21D. TIME (Month) (Day) (Year) (Hour) 1/22/51 10 A.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Clothing ignited by stove			
22. I hereby certify that I attended the deceased from 1-22-1951 to 2-4-1951 , that I last saw the deceased alive on 2-4-1951 , and that death occurred at 6 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard F. Wiegman, M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb-7-51	24C. NAME OF CEMETERY OR CREMATORY Holy Trinity Russian	24D. LOCATION (City, town, or county) (State) Elkridge Md		
DATE RECEIVED BY LOCAL REGISTRAR FEB 6-1951	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25 FUNERAL DIRECTOR J. A. Greblauskas		ADDRESS 1956 Pratt St	



51 1131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1131
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN PARIS

2. DATE
OF
DEATH

Feb 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONMount Nursing Home
3706 Norton Rd4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt Md 3706 Norton Rd

D. STREET ADDRESS (If rural, give location)

Norton Rd 15-9 Rd

C. Length of stay in Baltimore

85 years

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1865

9. AGE (In years,

last birthday)

92

10. Under 1 Year

Months: Days

8 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Belmont Organ Manufacturing

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Paris

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mr Raphael Paris 7102 Belmont Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Coronary Insufficiency

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

General Arteriosclerosis

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1951, to 2/4, 1951, that I last saw the deceased alive on 2/3, 1951, and that death occurred at 2:50 m., from the causes and on the date stated above.

23A. SIGNATURE

S. C. Feldman

M. D.

23B. ADDRESS

1440 E. Belmont

23C. DATE SIGNED

2/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial Feb 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Balt Hebrew Cemetery Belair Rd

24D. LOCATION (City, town, or county) (State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

Wm. Williams, Jr.

David Sondheim 1902 Eastman

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE ASSISTANT ATTORNEY GENERAL

1911

Wm. J. ...
...

...

600
51 1132BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1132
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna H. Royer

2. DATE
OF
DEATH

Feb. 5 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00 524 Normandy Ave.

C. Length of stay in Baltimore

62 yrs

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

524 Normandy Ave.

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

Married

DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

8. DATE OF BIRTH

Aug. 18, 1880--70

9. AGE (In years last birthday)

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Weichert

14. MOTHER'S MAIDEN NAME

---Schneidereth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

William B. Royer, 524 Normandy Ave

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

January 1950

19B. MAJOR FINDINGS OF OPERATION

gaugraenous gallbladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to 2/5, 1951, that I last saw the deceased alive on 2/5, 1951, and that death occurred at 1:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3921 Edmondson Ave.

2/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 7/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

William B. Royer

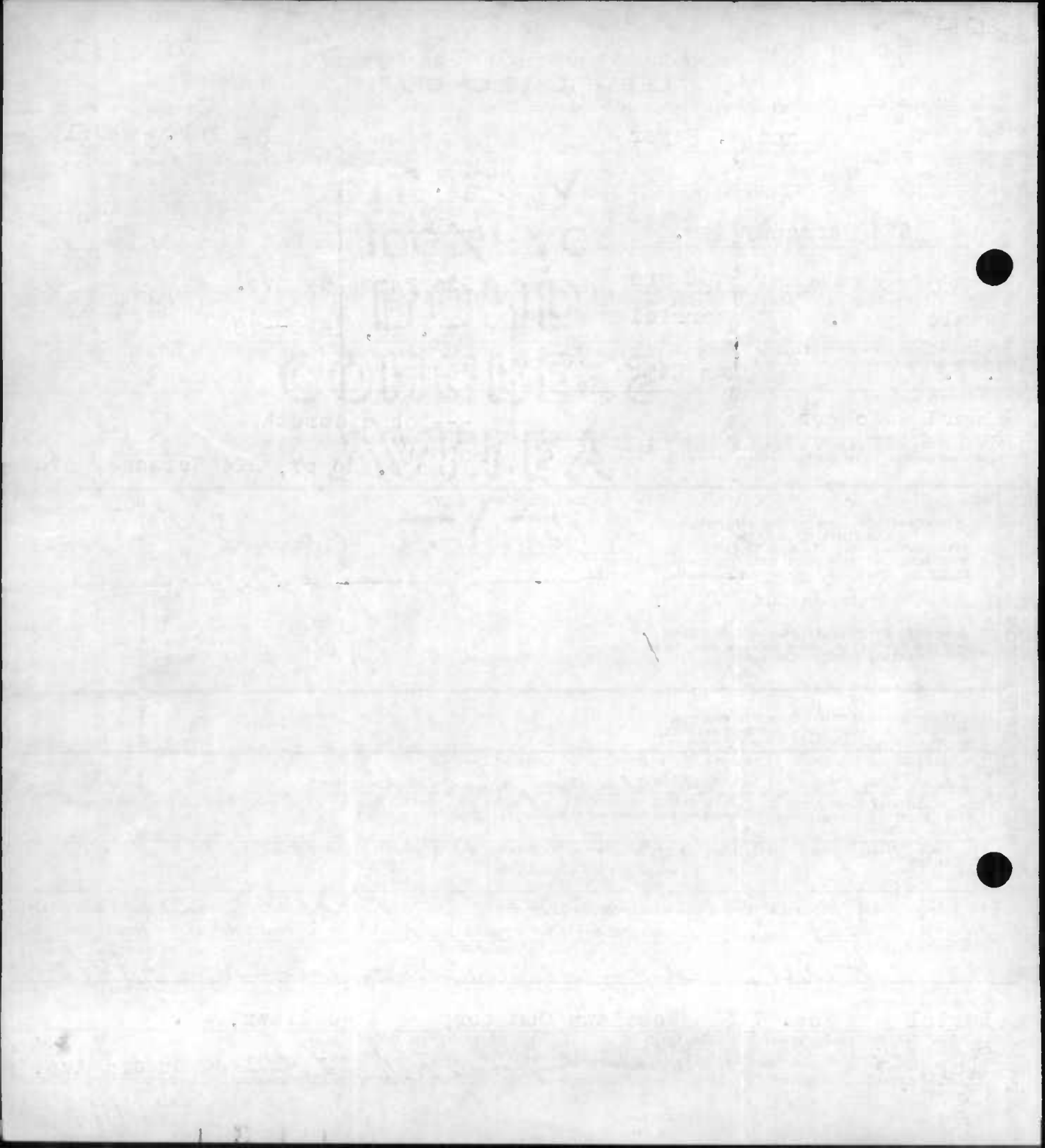
Harry H. Witzke

4101 Edmondson Ave.

VS 150

(A. W. Schey)

46F



51 1133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1133

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE SOPHIA PEARSON

2. DATE
OF DEATH Feb. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2211 Rogers Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

70 Methodist Home for the Aged

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John E. Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

8. DATE OF BIRTH

July 29, 1876

9. AGE (In years last birthday)

74

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annie E. Belt

17. INFORMANT

ADDRESS

Miss Miriam O. Coates - 2211 W. Rogers Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

12 hrs.

20 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Feb. 3, 1951, that I last saw the deceased alive on Feb 3, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/6/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

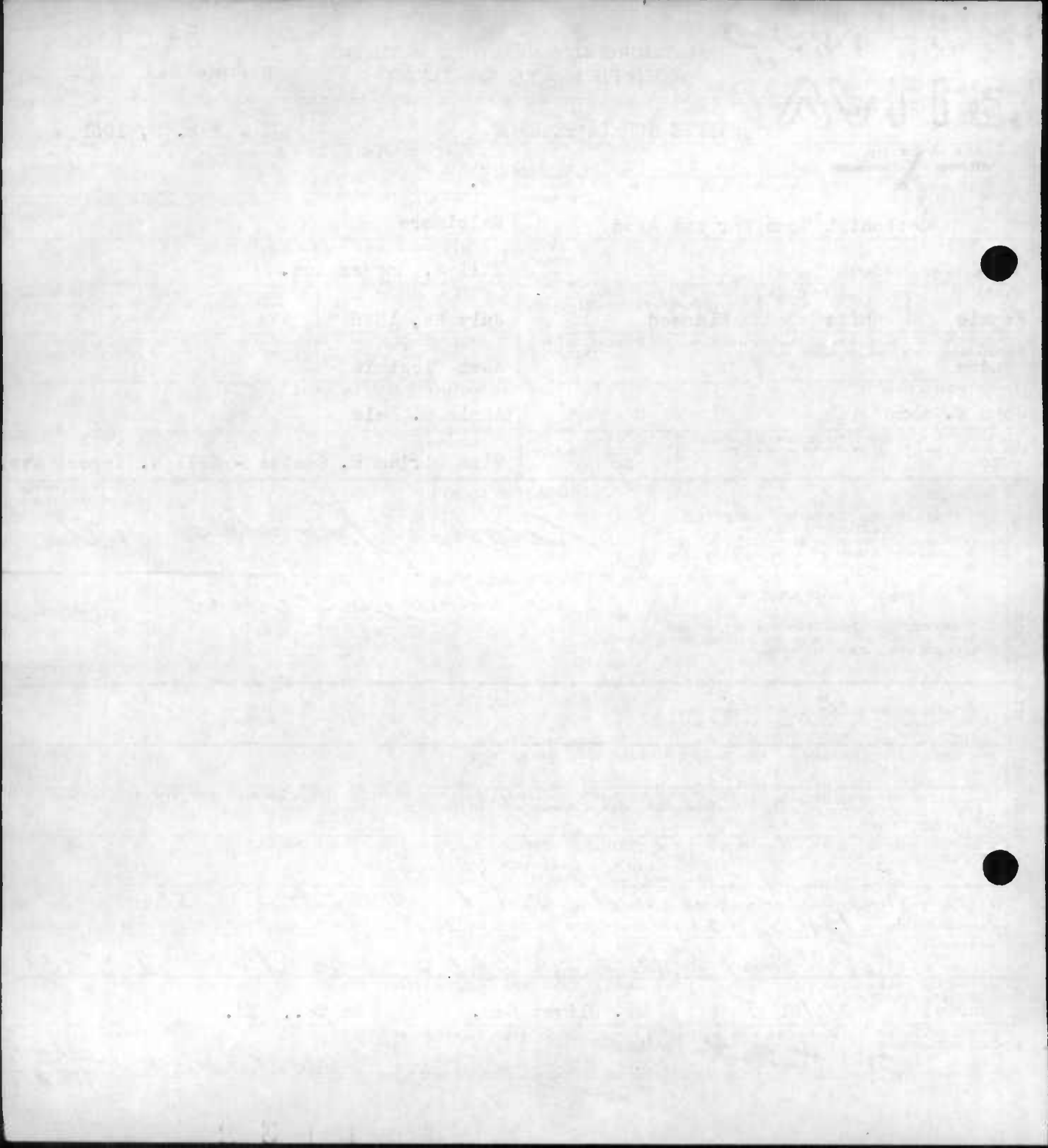
ADDRESS

FEB 6 - 1951

VS 150

2 Km. J. Lickner & Sons - Balto. Md.

94a



51 1134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1134

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE MARSHALL CONE

2. DATE
OF DEATH Feb. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 3215 Dorchester

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3215 Dorchester

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 11, 1897

9. AGE (In years last birthday)

53

10 Under 1 Year

11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John W. Marshall

14. MOTHER'S MAIDEN NAME

Estelle Hartzell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Towson

Mrs. Katharine C. Euker - 1824 Deveron Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

10 minutes

DUE TO

My putumion

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

cardio vascular disease

5 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1946, 19 to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 1:45 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/6/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

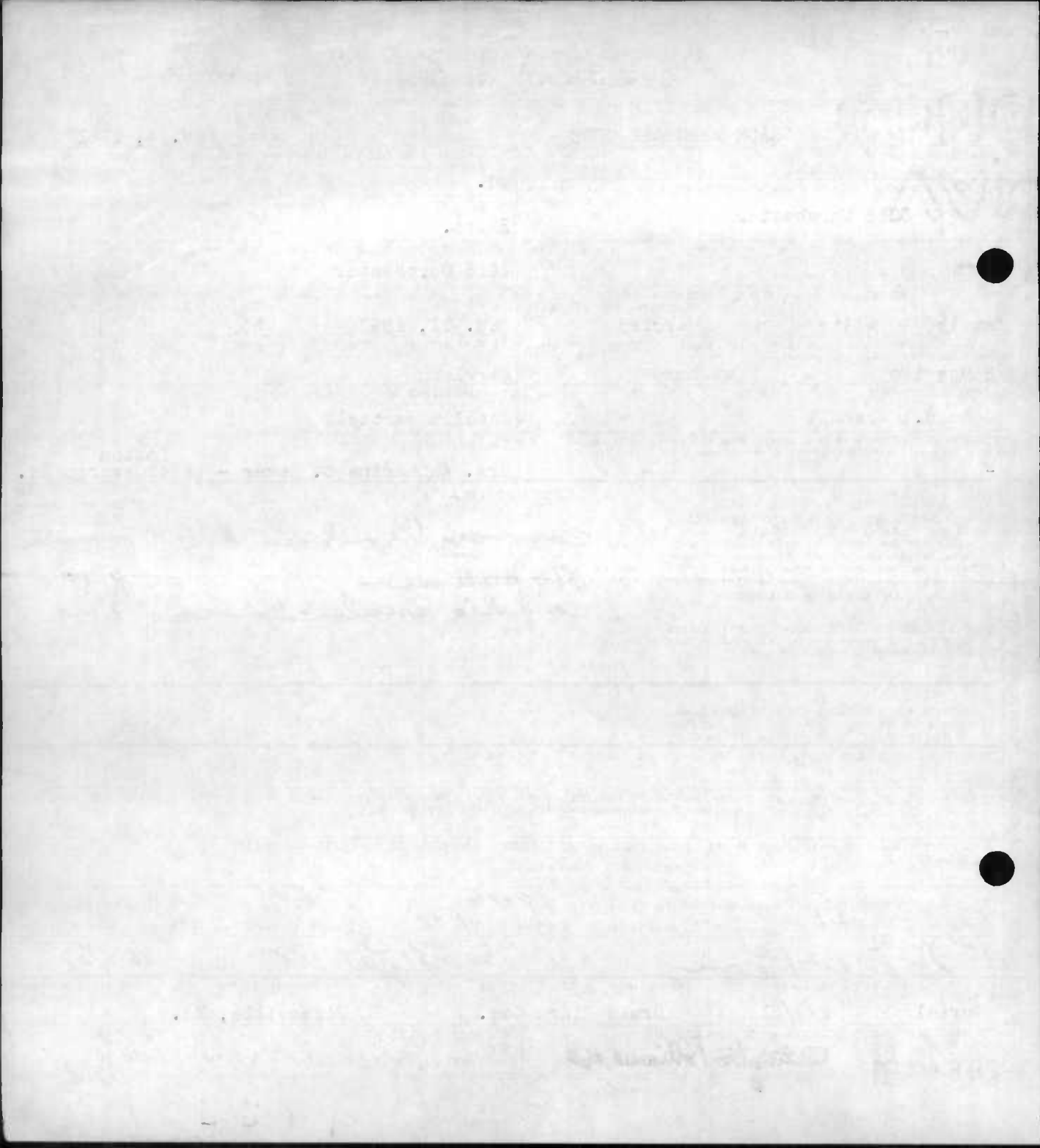
FEB 6 - 1951

VS 150

Thm. J. Lickner & Sons - Balto Md

MEDICAL CERTIFICATION

51 000 1133 937



400

51 1135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1135

Registered No.

BIRTH NO. 51-01774

1. NAME OF DECEASED
(Type or Print)

Robert Heil Jewell

2. DATE
OF
DEATH

February 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

44 Union Memorial Hospital

C. Length of stay in Baltimore

Life

16

Year
Month
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

1639 E. Cold Spring Lane

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

-

8. DATE OF BIRTH

1951

February 19, 1951

9. AGE (In years last birthday)

11 Under 1 Year
Months Days Hours Min.

16

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Alvin W. Jewell

14. MOTHER'S MAIDEN NAME

Catherine Heil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Alvin W. Jewell 1639 E Cold Spring Lane

18. 764.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Infant diarrhea

48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Convulsions
(C) ApoplexyII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1951, to Feb. 5, 1951, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 11:40 Am., from the causes and on the date stated above.

23. SIGNATURE

Francis H. Ware

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-5-51

24C. NAME OF CEMETERY OR CREMATORY

Wood Ridge Cem Baltimore, Md.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 6 - 1951

25. FUNERAL DIRECTOR

ADDRESS

Burgess Funeral Home 3631 Falls Rd

Bruce Burgess Jr. 119a

MEDICAL CERTIFICATION

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

143
51 1136BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1136

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN TILGHMAN SCHOFIELD

2. DATE
OF
DEATH

2/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

443 East 25th Street

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

443 East 25th Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1895

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Service Sta. Operator

10B. KIND OF BUSINESS OR
INDUSTRY

self

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Tilghman Schofield

14. MOTHER'S MAIDEN NAME

Emma Shehan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Anna Schofield 443 E. 25th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Thrombosis
arteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 4, 1951, that I last saw the
deceased alive on Feb 4, 1951, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/7/51

Baltimore Cem.

City

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

T. S. Williams, M.D.

Wiedefeld & Son

GREENMOUNT AVE & 22ND

94a

2906K

51 1137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1137
Registered No.

BIRTH NO. 49-19504

1. NAME OF DECEASED (Type or Print) SHARON ANN HALCOTT			2. DATE OF DEATH February 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) D.O.A. Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Howard (19)		
D. STREET ADDRESS (If rural, give location) 9 North Point Road			5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 5300		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/11/1949	9. AGE (In years last birthday) 17 months	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles M. Halcott			14. MOTHER'S MAIDEN NAME Mary F. Crouse		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Charles M. Halcott 9 North Pt. Rd.		

18. E921.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration of vomitus (A) DUE TO (B) DUE TO (C) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 9 North Point Road
21D. TIME (Month) (Day) (Year) OF INJURY February 5, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

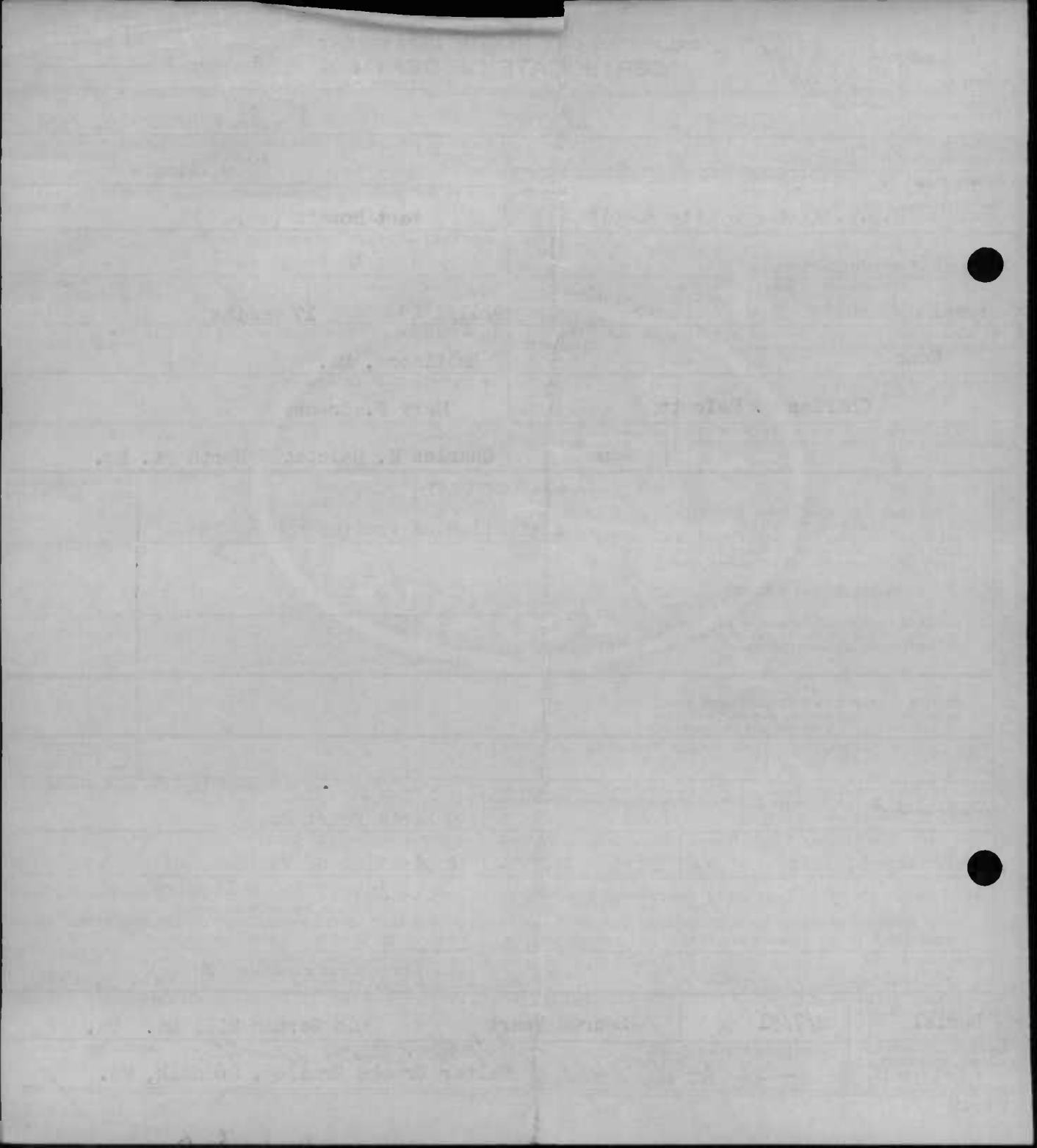
23A. SIGNATURE <i>William [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Feb. 5, 1951
--	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/7/51	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) Old German Hill Rd. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1951	REGISTRAR'S SIGNATURE <i>Walter Brooks Bradley</i>	ADDRESS Walter Brooks Bradley, Dundalk, Md.	

VS 151

N-933.0

1951



51 1138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1138
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES A KISER

2. DATE
OF
DEATH

FEB 5, '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2901 Chestnut St -

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 24, 1898

9. AGE (In years
last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

house painter

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Emrose Kiser

CONV.

14. MOTHER'S MAIDEN NAME

Margaret Bicklas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary A. Kiser 2901 Chestnut St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CARCINOMA OF STOMACH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-10-51

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF STOMACH

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1951, to 2-5, 1951, that I last saw the
deceased alive on 2-5, 1951, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edmund B. Middleton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

Meadowdale Cem.

24D. LOCATION (City, town, or county)

Larzey, Md.

(State)

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

John Brown 901 Hollis St.

ADDRESS

FEB-1951
VS 150

56424

46B

MEDICAL CERTIFICATION

UNIVERSITY OF CALIFORNIA

CHANCELLOR'S OFFICE

UNIVERSITY OF CALIFORNIA

CHANCELLOR'S OFFICE

UNIVERSITY OF CALIFORNIA

CHANCELLOR'S OFFICE

CHANCELLOR'S OFFICE

UNIVERSITY OF CALIFORNIA

CHANCELLOR'S OFFICE

UNIVERSITY OF CALIFORNIA

CHANCELLOR'S OFFICE

UNIVERSITY OF CALIFORNIA

CHANCELLOR'S OFFICE

20 51 1139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1139
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN RYALS		2. DATE OF DEATH February 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01		D. STREET ADDRESS (If rural, give location) 409 N. Pulaski Street	
6. Length of stay in Baltimore 27 YRS.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 9-23-1886	
5. SEX Male		6. COLOR OR RACE Colored		9. AGE (in years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACK-MAN		10B. KIND OF BUSINESS OR INDUSTRY B.O. R.R.		11. BIRTHPLACE (State or foreign country) GEORGIA	
13. FATHER'S NAME NELSON RYALS		14. MOTHER'S MAIDEN NAME ALICE SMILEY		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MAGGIE RYALS-409 PULASKI ST.	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Skull fracture			
XXXX Avulsion of brain			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) Crushed chest			
XXXX Fracture of left femur			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) B & O Railroad		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bay View Yards West bound railroad track opposite Bayview	
21D. TIME (Month) (Day) (Year) (Hour) Feb. 1, 1951 10:03 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Signal Tower Pedestrian struck by train	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 1, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/6/51		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM. PK.	
24D. LOCATION (City, town, or county) BALTIMORE CO. MD.		25. FUNERAL DIRECTOR Wm. A. JACKSON-916 PENNA. AVE.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6-1951		REGISTRAR'S SIGNATURE [Signature]			

V S 151 N-804.2 97050 169

MEDICAL CERTIFICATION

63
30 51 1140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1140
Registered No.

1. NAME OF DECEASED (Type or Print) EMMA POLLARD (Polit)			2. DATE OF DEATH February 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE LIFE			D. STREET ADDRESS (If rural, give location) 413 N. Pearl Street		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 22, 1884	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10B. KIND OF BUSINESS OR INDUSTRY PRIVATE		
11. BIRTHPLACE (State or foreign country) BALTIMORE			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT ELMER JOHNSON			ADDRESS 414 N. PEARL ST.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease with myocardial insufficiency	CAUSE OF DEATH (A) Hypertensive cardiovascular disease with myocardial insufficiency DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. E. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-6-51		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	
24D. LOCATION (City, town, or county) BALTIMORE		25. FUNERAL DIRECTOR WM. A. JACKSON			
25. ADDRESS 916 PENNA. AVE.					

52

51 1141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1141

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. ROBINSON

2. DATE
OF
DEATH

Feb. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland U

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

683 52 1011 N. Arlington Ave 93

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
UNITED STATES OF AMERICA
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Cause of death		9. Place of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of funeral director		14. Signature of medical examiner		15. Signature of coroner	
16. Signature of health officer		17. Signature of local health officer		18. Signature of local health officer		19. Signature of local health officer		20. Signature of local health officer	
21. Signature of local health officer		22. Signature of local health officer		23. Signature of local health officer		24. Signature of local health officer		25. Signature of local health officer	
26. Signature of local health officer		27. Signature of local health officer		28. Signature of local health officer		29. Signature of local health officer		30. Signature of local health officer	
31. Signature of local health officer		32. Signature of local health officer		33. Signature of local health officer		34. Signature of local health officer		35. Signature of local health officer	
36. Signature of local health officer		37. Signature of local health officer		38. Signature of local health officer		39. Signature of local health officer		40. Signature of local health officer	
41. Signature of local health officer		42. Signature of local health officer		43. Signature of local health officer		44. Signature of local health officer		45. Signature of local health officer	
46. Signature of local health officer		47. Signature of local health officer		48. Signature of local health officer		49. Signature of local health officer		50. Signature of local health officer	
51. Signature of local health officer		52. Signature of local health officer		53. Signature of local health officer		54. Signature of local health officer		55. Signature of local health officer	
56. Signature of local health officer		57. Signature of local health officer		58. Signature of local health officer		59. Signature of local health officer		60. Signature of local health officer	
61. Signature of local health officer		62. Signature of local health officer		63. Signature of local health officer		64. Signature of local health officer		65. Signature of local health officer	
66. Signature of local health officer		67. Signature of local health officer		68. Signature of local health officer		69. Signature of local health officer		70. Signature of local health officer	
71. Signature of local health officer		72. Signature of local health officer		73. Signature of local health officer		74. Signature of local health officer		75. Signature of local health officer	
76. Signature of local health officer		77. Signature of local health officer		78. Signature of local health officer		79. Signature of local health officer		80. Signature of local health officer	
81. Signature of local health officer		82. Signature of local health officer		83. Signature of local health officer		84. Signature of local health officer		85. Signature of local health officer	
86. Signature of local health officer		87. Signature of local health officer		88. Signature of local health officer		89. Signature of local health officer		90. Signature of local health officer	
91. Signature of local health officer		92. Signature of local health officer		93. Signature of local health officer		94. Signature of local health officer		95. Signature of local health officer	
96. Signature of local health officer		97. Signature of local health officer		98. Signature of local health officer		99. Signature of local health officer		100. Signature of local health officer	

650
51 1142BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1142
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM Edw. BROWN

2. DATE
OF
DEATH

Feb. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-02D. STREET ADDRESS (If rural, give location)
1509 W. Fayette St.

Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Mar. 1, 1920

9. AGE (In years
last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

construction

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Sherman Brown

14. MOTHER'S MAIDEN NAME

Elizabeth Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Myrtle Boney-323 N. Carrollton Ave.

18. E982X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1509 W. Fayette St.

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

Feb. 3, 1951 2:30 A. M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day, stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. DeLoach M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

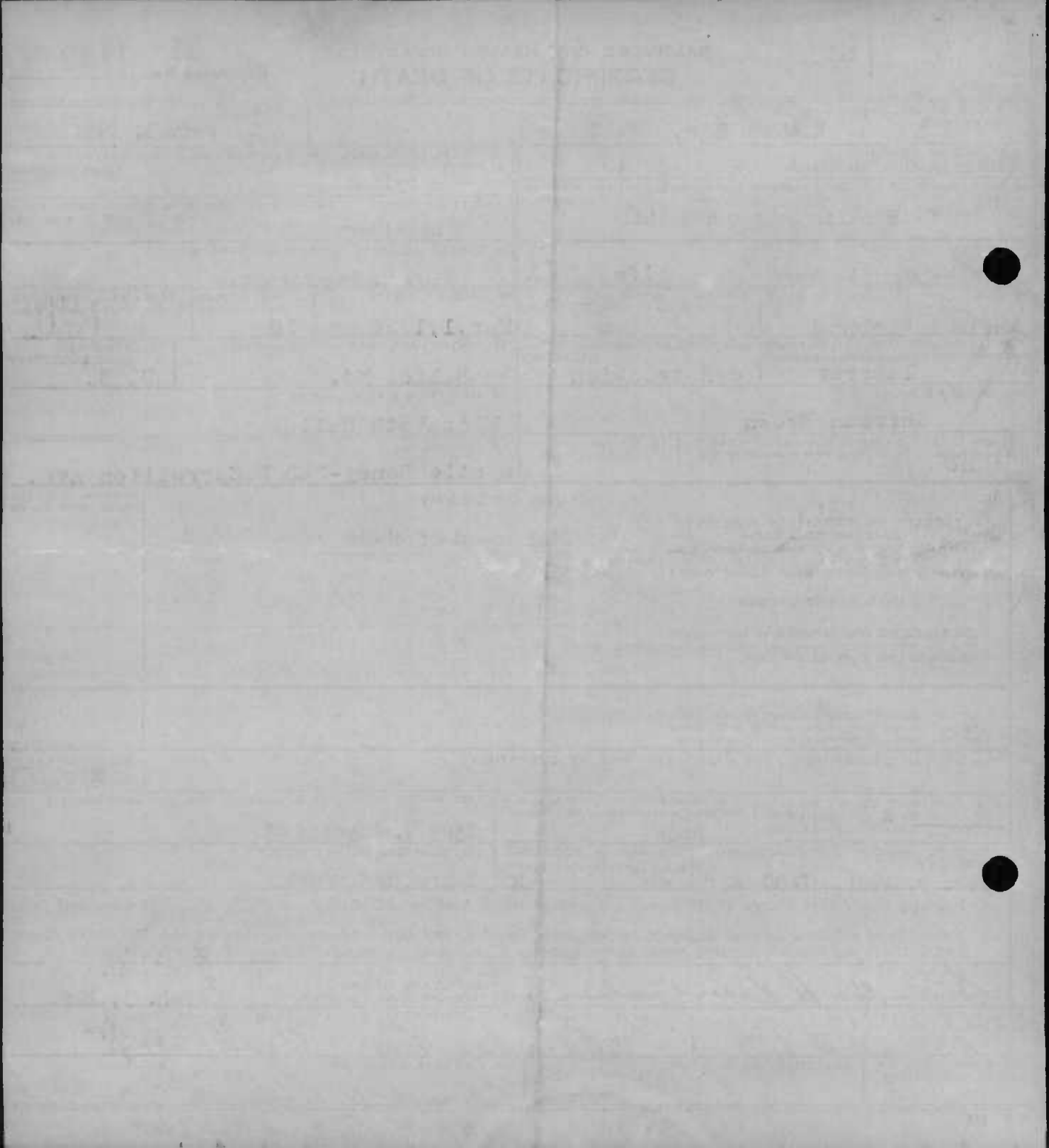
25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-862.2

97024 - 1011 N. Arlington Ave



320

51 1143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1143

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy Woods

2. DATE
OF
DEATH

Feb 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1113 n. Calhoun st

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

16-02

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1113 n. Calhoun st

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

April 20, 1893

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Dorsey

14. MOTHER'S MAIDEN NAME

Mary Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Woods 1113 n. Calhoun st

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardio vascular renal disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

3 YRS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1951, to 2-4-, 1951 that I last saw the
deceased alive on 2-4-, 1951, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

M. D.

23B. ADDRESS

639 n. Carey st. Balto.

23C. DATE SIGNED

2-6-51

24A. BURIAL (CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

not known

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. S. Kelton 1303 Prentiss st

VS 150

61

MEDICAL CERTIFICATION

1911
[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

36 51 1141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1141

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hosp

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

2. DATE OF DEATH

Feb 3, 1951

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

807 N. Bruce St

F

C

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

11-1-1895

9. AGE (In years last birthday)

55

11 Under 1 Year Months: Days

12 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Augusta Ga

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anthony Black

14. MOTHER'S MAIDEN NAME

Hattie Joseph

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Lewis J. Jackson

ADDRESS 807 N. Bruce St

18. 4/20.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac tamponade

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Rupture of myocardial infarct

DUE TO

Arteriosclerotic heart disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE RECEIVED BY LOCAL REGISTRAR

FEB 6

24B. DATE

2-1-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Md

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

Geo. H. Nelson

ADDRESS

1303 93rd

Presman St



CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51 1145

1. NAME OF DECEASED (Type or Print) ADELE E. WILKINSON		2. DATE OF DEATH 2-4-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.	
5. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTO.	
7. LENGTH OF STAY IN BALTIMORE LIFE		8. STREET ADDRESS (If rural, give location) 638 W. NORTH AVE.	
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	12. DATE OF BIRTH 9-17-81
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never employed		13. AGE (In years last birthday) 69	
14. KIND OF BUSINESS OR INDUSTRY		14. Under 1 Year Months: Days: Hours: Min.	
15. FATHER'S NAME Thomas C. Wilkinson		15. BIRTHPLACE (State or foreign country) MD.	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. CITIZEN OF WHAT COUNTRY? USA	
17. SOCIAL SECURITY NO. none		17. MOTHER'S MAIDEN NAME Emma V. Bonn	
18. 450.0 and E903.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) General visceral failure		18. INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		19. CERTIFICATION APPROVED BY William H. Hovitt, M.D. MEDICAL EXAMINER	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture right hip		20. MEDICAL EXAMINER'S SIGNATURE	
21. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION	
24. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION	
25. DATE OF OPERATION		25. MAJOR FINDINGS OF OPERATION	
26. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION	
28. DATE OF OPERATION		28. MAJOR FINDINGS OF OPERATION	
29. DATE OF OPERATION		29. MAJOR FINDINGS OF OPERATION	
30. DATE OF OPERATION		30. MAJOR FINDINGS OF OPERATION	
31. DATE OF OPERATION		31. MAJOR FINDINGS OF OPERATION	
32. DATE OF OPERATION		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF OPERATION		33. MAJOR FINDINGS OF OPERATION	
34. DATE OF OPERATION		34. MAJOR FINDINGS OF OPERATION	
35. DATE OF OPERATION		35. MAJOR FINDINGS OF OPERATION	
36. DATE OF OPERATION		36. MAJOR FINDINGS OF OPERATION	
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93. DATE OF OPERATION		93. MAJOR FINDINGS OF OPERATION	
94. DATE OF OPERATION		94. MAJOR FINDINGS OF OPERATION	
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96. DATE OF OPERATION		96. MAJOR FINDINGS OF OPERATION	
97. DATE OF OPERATION		97. MAJOR FINDINGS OF OPERATION	
98. DATE OF OPERATION		98. MAJOR FINDINGS OF OPERATION	
99. DATE OF OPERATION		99. MAJOR FINDINGS OF OPERATION	
100. DATE OF OPERATION		100. MAJOR FINDINGS OF OPERATION	

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
638 W. North Ave.21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
12-28-5021E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
FELL WHILE DIZZY TO FLOOR22. I hereby certify that I attended the deceased from **12-28-1950** to **2-4-1951**, that I last saw the deceased alive on **2-4-1951**, and that death occurred at **11:25 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**2/8/51****Loudon Park****Balto., Md.**

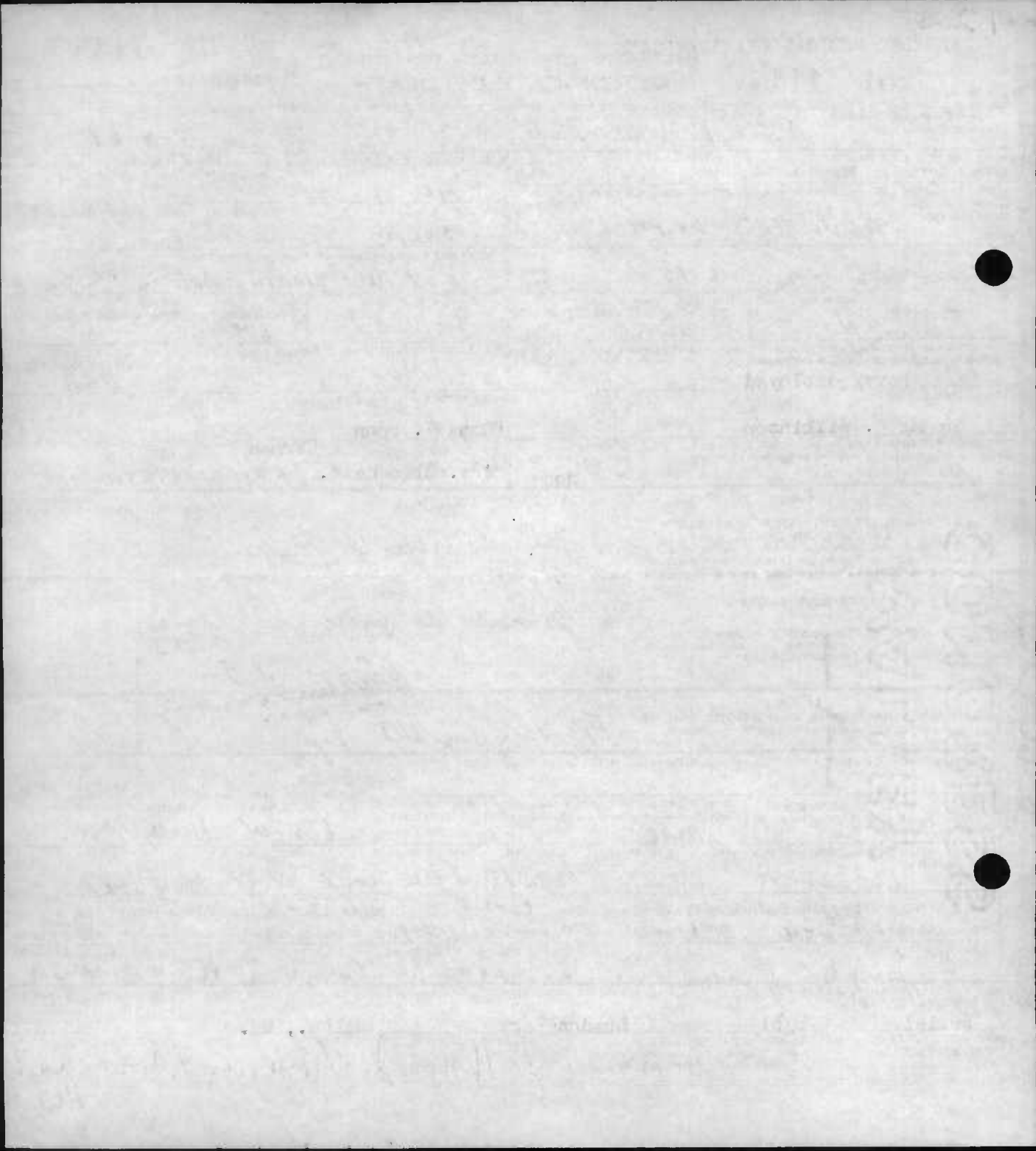
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150**186a**



530 51 1146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1146

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA E SMITH

2. DATE
OF
DEATH

February 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

2639 Barclay Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 18, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Weaver

10B. KIND OF BUSINESS OR
INDUSTRY

Textile mills

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-07-6657

17. INFORMANT

ADDRESS

Doris H. Miller 3028 Darby St

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive arteriosclerotic

~~XXXX~~ cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William B. Smith

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county)

Hampden

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 6 - 1951

25. FUNERAL DIRECTOR

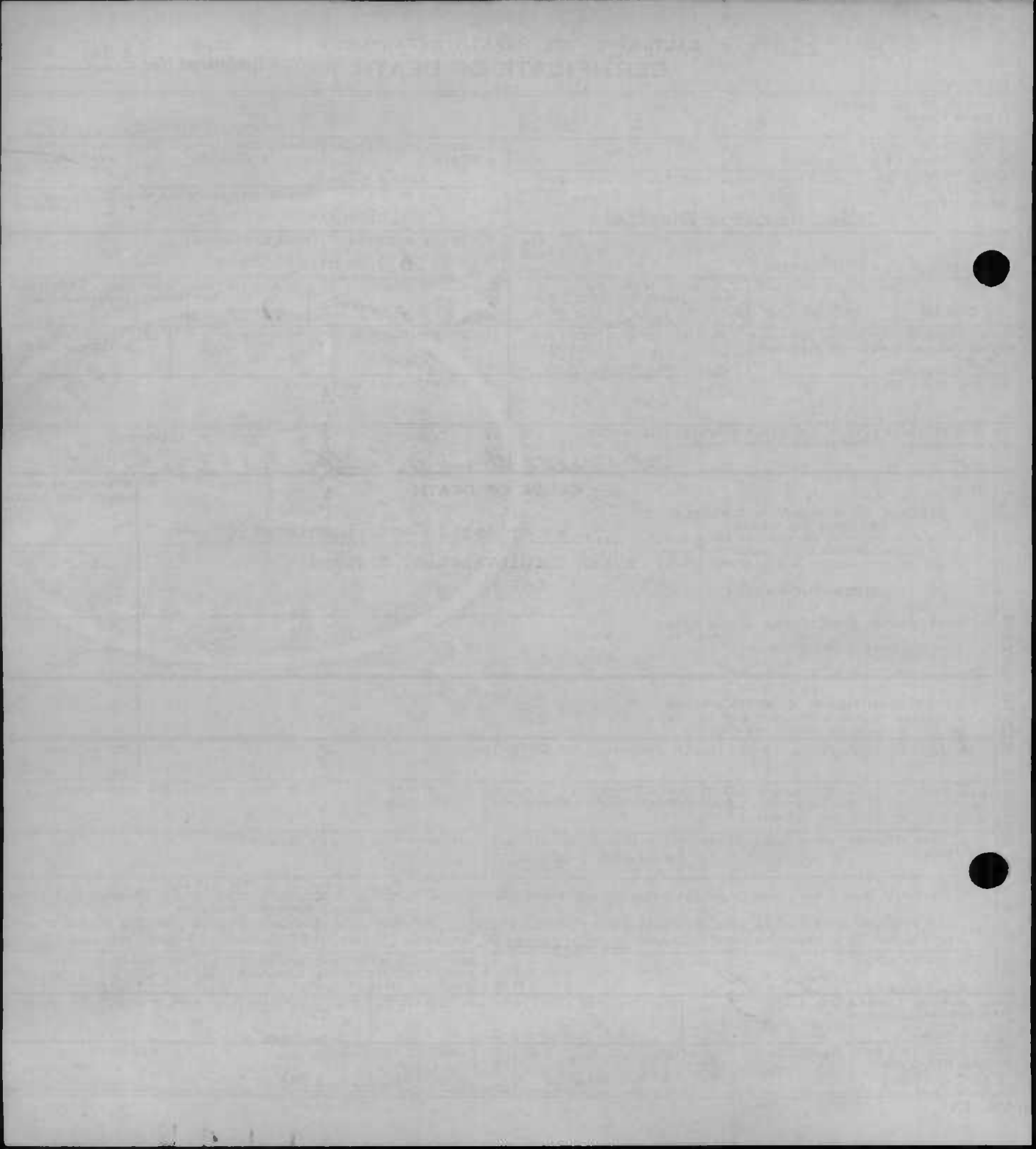
ADDRESS

VS 151

6844E

937 V

MEDICAL CERTIFICATION



635
51 1147BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1147
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD MARTIN

2. DATE
OF
DEATH

FEB 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-5

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

W. VIRGINIA

V-45

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
SOPHIA.

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

MALE

WHITE

MARRIED

1-18-94

57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Va

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Louis Martin

Ida Beell Nolan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL18. 162X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma of trachea

DUE TO

6 mos.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

1/26/51

Carcinoma of trachea

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18-1951 to 2-6-1951, that I last saw the deceased alive on 2-6-1951, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Sheila T. Kueffer, Jr. M. D.

JOHNS HOPKINS HOSPITAL

2/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

Huntington Williams, M.D.

Cary P. Robertson

Handwritten text, possibly a title or header, appearing as "Handwritten" and "Continuation of..."

Main body of handwritten text, including phrases like "Continuation of..." and "Handwritten..."

T-5250 1148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1148
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Thomas

2. DATE
OF
DEATH

2-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2530 Modern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

2530 Modern Ave. Balt. Md. 13-03

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2530 Modern Ave. Balt. Md.

C. Length of stay in Baltimore

5 Yrs.
5 Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Feb. 4, 1885

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hampton Va.

12. CITIZEN OF
WHAT COUNTRY?

United States

13. FATHER'S NAME

Daniel Johnson

14. MOTHER'S MAIDEN NAME

Perry Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Home Plan 2530 Modern

18.

411X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arteri insufficiency +
sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension +
arteri-sclerosis -
Hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

3

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1-3, 1948 to 2-4-1951 that I last saw the
deceased alive on 2-4-1951 and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hamm M. D.

23B. ADDRESS

2224 Modern Ave.

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Baltimore City Health Department

February 9, 1951

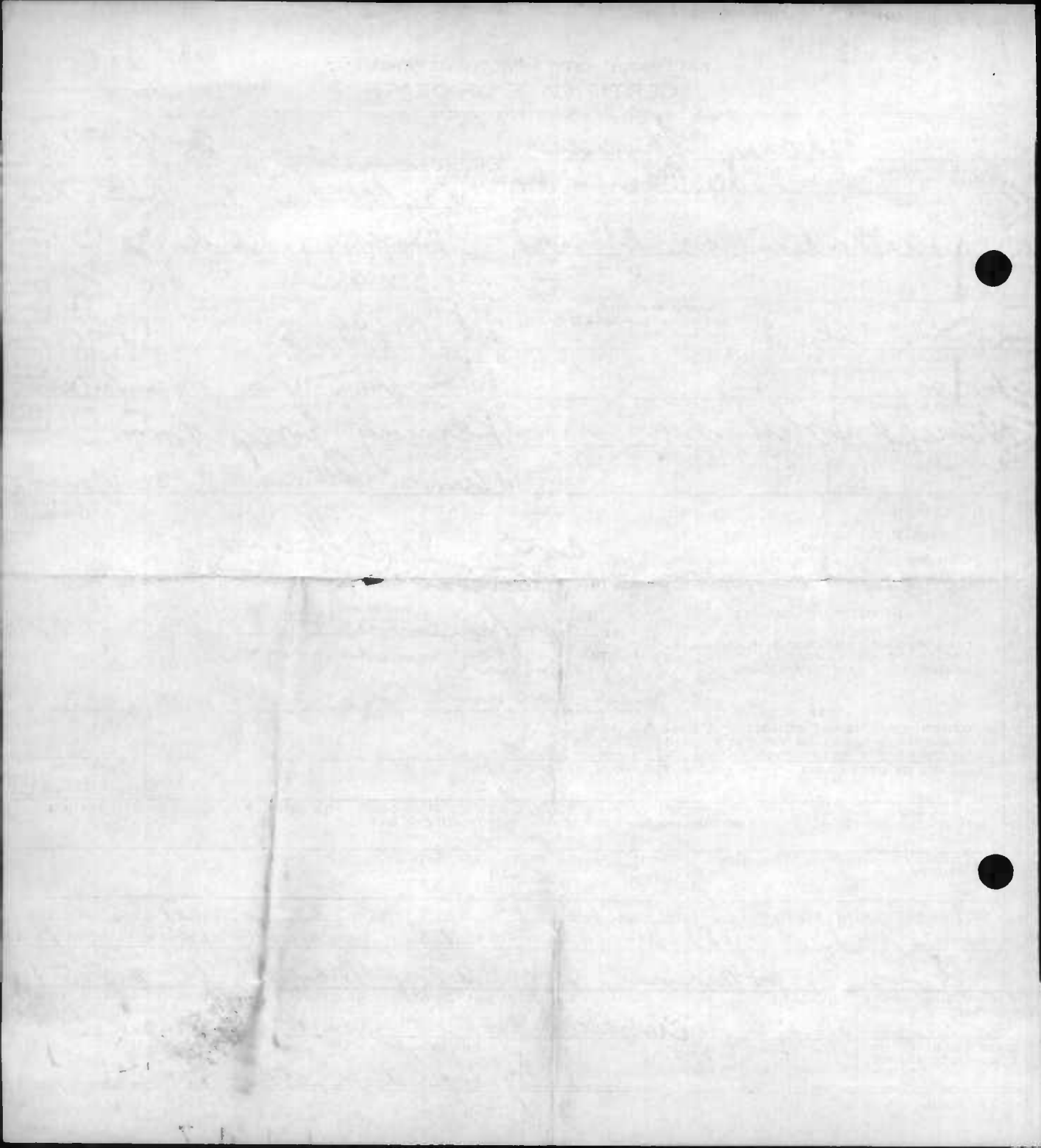
Elizabeth Amley

Hampton Elizabeth City Va

Joseph A. Luby 661 West Bane St

FEB 8 1951

92a



B-655
51 1149BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

X 51 1149

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>M. JASPER BERRYMAN</i>		2. DATE OF DEATH <i>2/5/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) <i>Franklin Square Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dumfries Mills</i>	
Length of stay in Baltimore <i>6 Days</i>		D. STREET ADDRESS (If rural, give location) <i>Kinsley Road 5300</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>M</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>2/26/1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Institution</i>	9. AGE (In years last birthday) <i>65</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles Berryman</i>		14. MOTHER'S MAIDEN NAME <i>Anna Marshall</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>214-03-3801</i>	
17. INFORMANT <i>Franklin Square</i>		ADDRESS	

18. <i>560.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Pulmonary embolism</i>	<i>30 min.</i>
ANTECEDENT CAUSES	(B) <i>Subcutaneous hematoma, post operative 6 days.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Inguinal herniotomy</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2/31/51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Bilateral inguinal hernia</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1951, to Feb. 5, 1951, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert G. Chambers</i>	23B. ADDRESS <i>Franklin Square Hospital</i>	23C. DATE SIGNED <i>2/5/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 8 - 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>55-1991</i>		25. FUNERAL DIRECTOR <i>Wm Berryman & Sons - Reisterstown, Md.</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1150
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peterson, George William

2. DATE

OF DEATH February 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1705 E. 28th St.

Length of stay in Baltimore

38 yr.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

62

11 Under 1 Year Months Days

12 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

B. Faistenhaner

11. BIRTHPLACE (State or foreign country)

Bel Air, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Peterson

Cigars (M)

14. MOTHER'S MAIDEN NAME

Mary Jefferies

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary artery thrombosis

DUE TO

(C)

Coronary arteriosclerotic heart dis.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bilateral pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from February 3, 1951 to February 4, 1951 that I last saw the deceased alive on Feb. 4, 1951, and that death occurred at 11:50 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Feb. 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

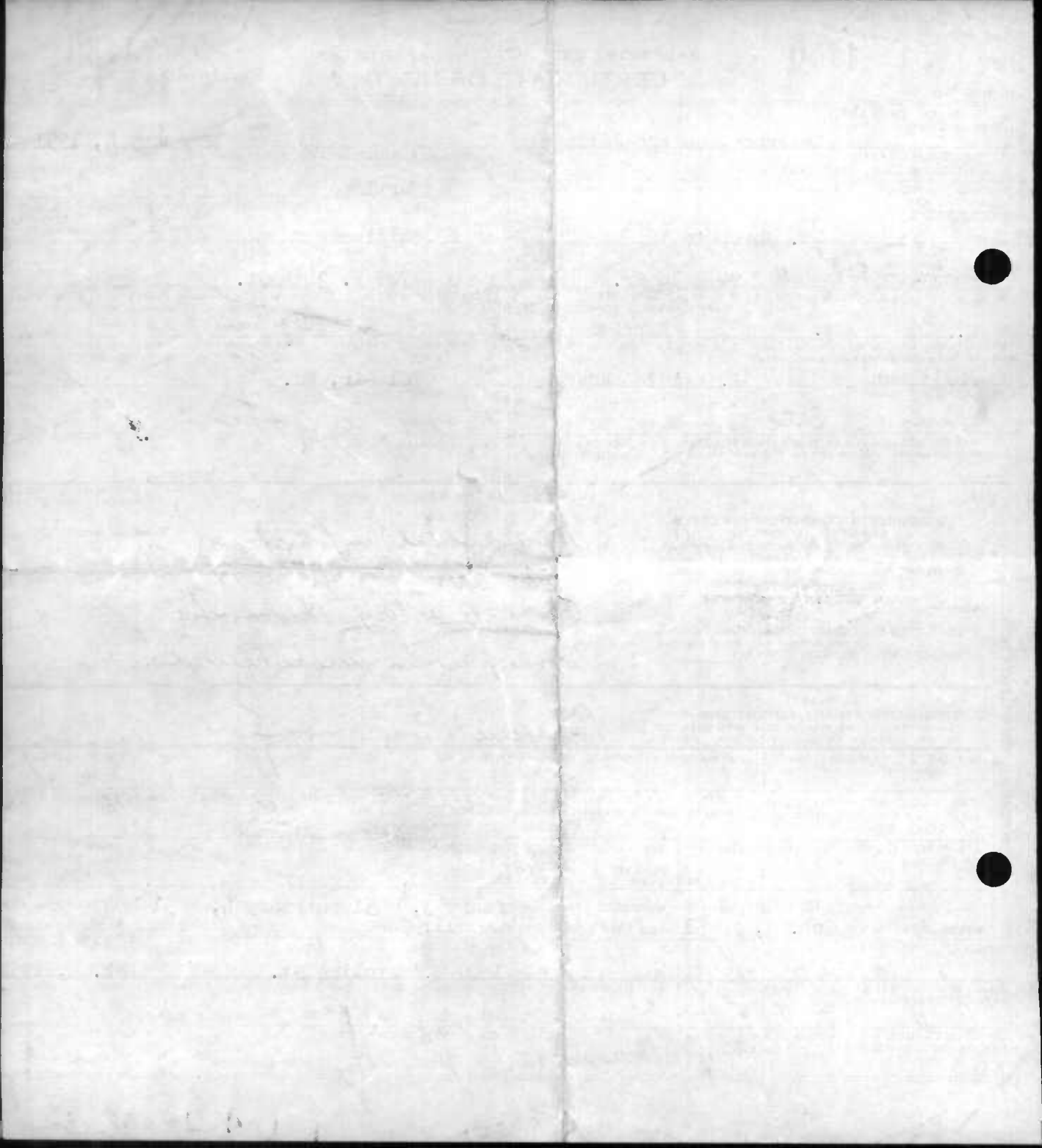
25. FUNERAL DIRECTOR

ADDRESS

FEB-1951

William Williams, M.D.

J. J. Zaher, Sand, 318 E. 1st St.



N-2149151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1151
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		JOHN NAGLE		2. DATE OF DEATH February 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-02	
6. Length of stay in Baltimore <i>7 days</i>				D. STREET ADDRESS (If rural, give location) 1515 Patapsco Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m.	8. DATE OF BIRTH 7/23/1886		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Doyle's Market</i>		10B. KIND OF BUSINESS OR INDUSTRY (M)	11. BIRTHPLACE (State or foreign country) <i>Baltimore - Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Lawrence Nagle</i>			14. MOTHER'S MAIDEN NAME <i>Louisa Brown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. J. N. Nagle</i>		ADDRESS <i>Same</i>

18. 330X CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ruptured aneurysm of Circle of Willis

(C) Subarachnoid hemorrhage

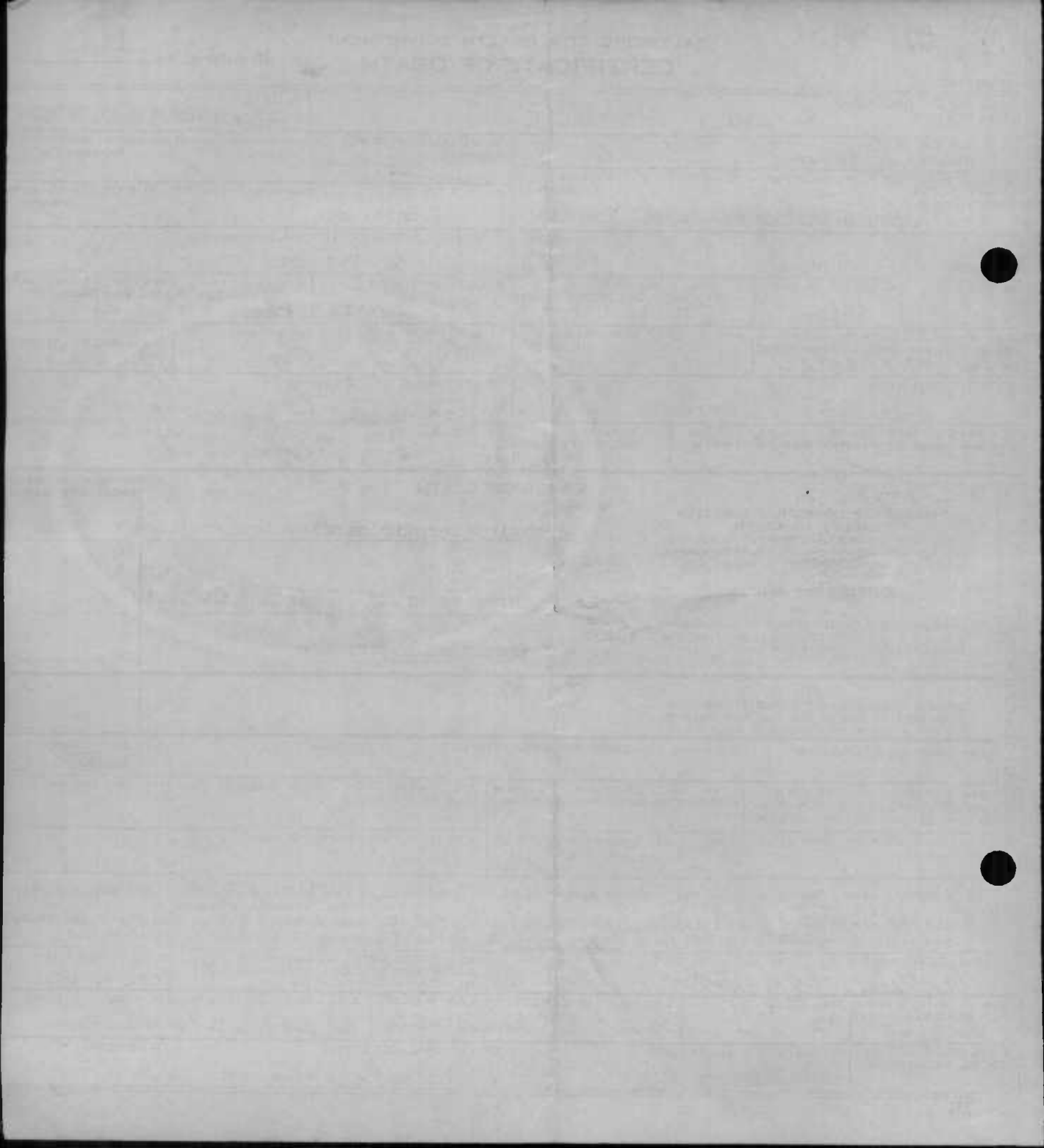
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William V. Smith* 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED Feb. 5, 195124A. BURIAL, CREMATION, REMOVAL (Specify) *B* 24B. DATE *2/8/51* 24C. NAME OF CEMETERY OR CREMATORY *Holy Cross* 24D. LOCATION (City, town, or county) (State) *Rosemont Heights*DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE *William V. Smith* 25. FUNERAL DIRECTOR *J. J. Adams* ADDRESS *Same - 12.8 High*



G-152

51 1152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1152

BIRTH NO. 50-24916

1. NAME OF DECEASED (Type or Print) MARVIN GIVENS Jr.			2. DATE OF DEATH 2-6-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Balto.		
5. FULL NAME OF HOSPITAL OR INSTITUTION Charles Lincol Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 8 Octant Way, 5200		
7. SEX M.	8. COLOR OR RACE W.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	10. DATE OF BIRTH Nov 18-1950	11. AGE (In years last birthday) 2	12. If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		
13. FATHER'S NAME Marvin Givens Sr.			14. MOTHER'S MAIDEN NAME Bertie Walker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		
17. INFORMANT Marvin Givens			ADDRESS Middle River		

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency DUE TO Congenital Heart Disease DUE TO Aortic Stenosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **2-6, 1951**, to **2-6, 1951**, that I last saw the deceased alive on **2-6, 1951**, and that death occurred at **2:55 am.**, from the causes and on the date stated above.

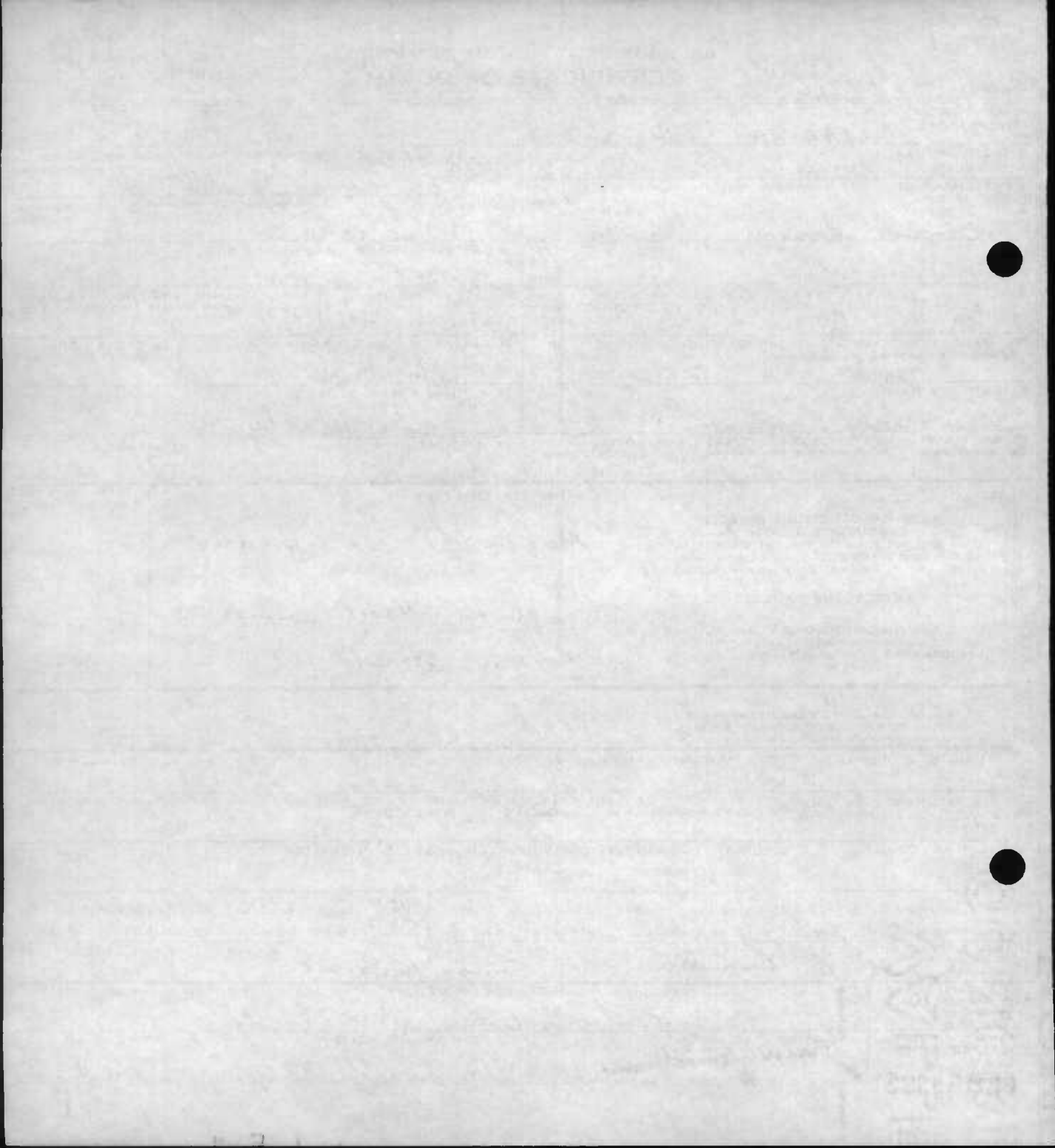
23A. SIGNATURE Richard B. Landon	23B. ADDRESS 5000 Hospital	23C. DATE SIGNED 2-6
--	--------------------------------------	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 2/5/51	24C. NAME OF CEMETERY OR CREMATORY Richard City	24D. LOCATION (City, town, or county) (State) Tenn.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John W. Gonnely	ADDRESS Emel 21-nd

FEB 6 - 1951

157E

MEDICAL CERTIFICATION



K-200

51 1153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1153

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VICTORIA

KOCH

2. DATE
OF
DEATH

Feb. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore 52 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 23 1882

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ferdinand

Dawlik

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

812-07-5267

17. INFORMANT

ADDRESS 2816

Thomas J. Koch Clifton Park Terrace

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Multiple fractures, contusions and abrasions
DUE TO

ANTECEDENT CAUSES

(B) Crushing injury of chest
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore Co.

Eastern Blvd. 651 West of Terrace Rd.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 2, 1951

10:30 P.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

5300

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

John H. Williams, M.D.

John H. Weber 401 S. Chestnut St

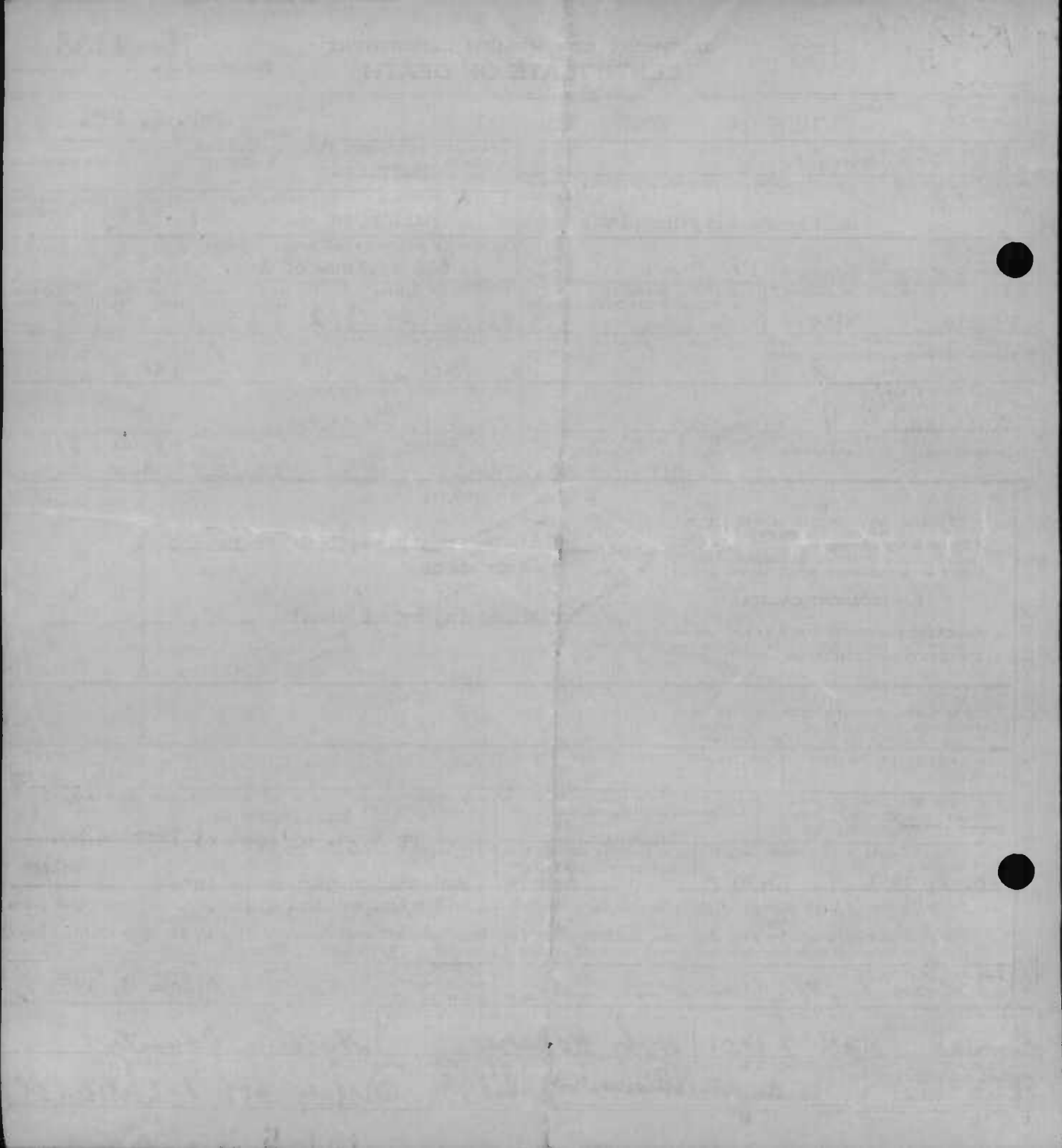
VS 151

N-862.2

170c

MEDICAL CERTIFICATION

Correct age as especially marked



630

51 1154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1154

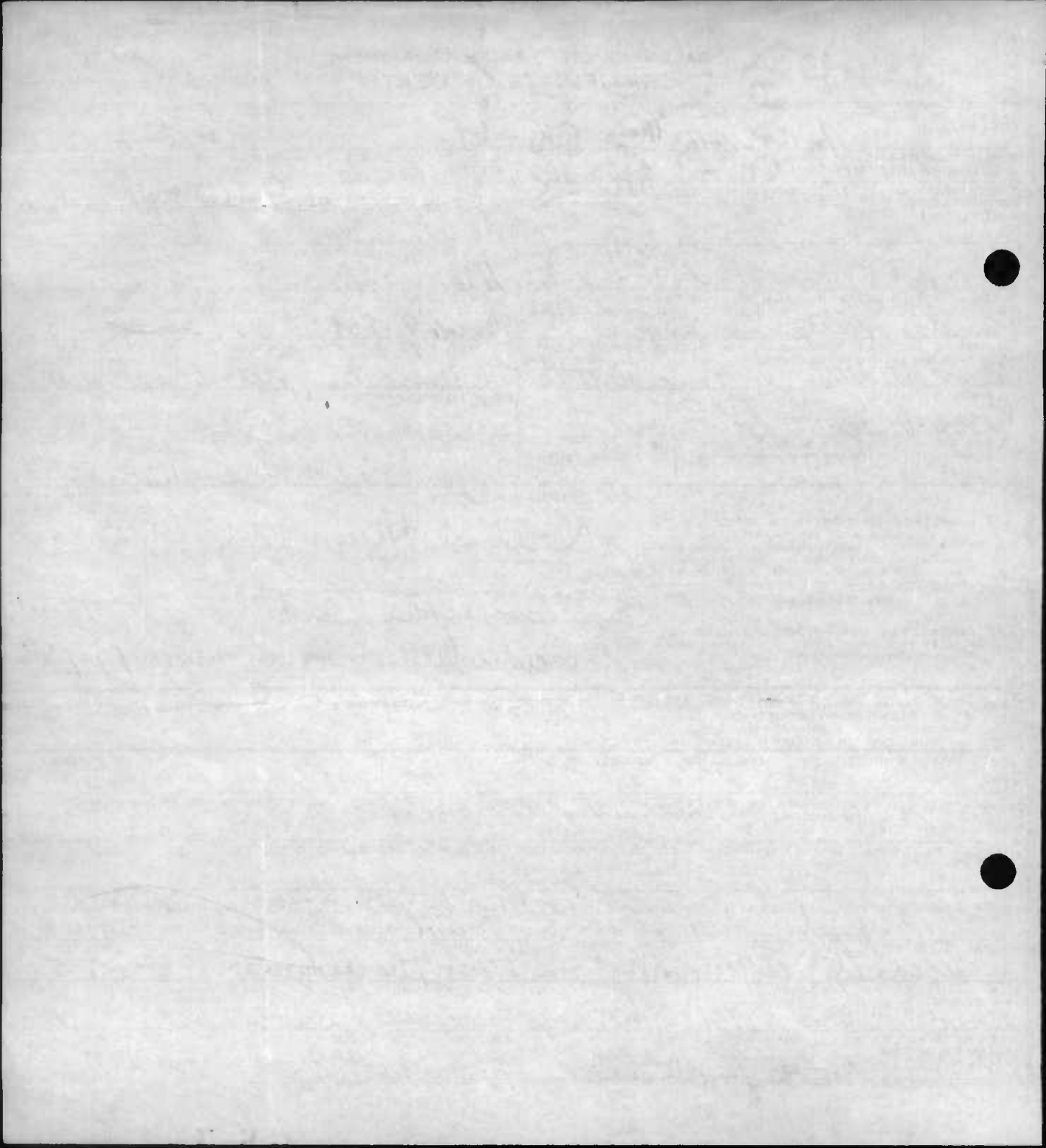
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joanna B. Ford</i>		2. DATE OF DEATH <i>Feb. 4, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1113 East 20th St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 9-08</i>	
Length of stay in Baltimore <i>about 36 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1113 East 20th - Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan. 9, 1864</i>
9. AGE (in years last birthday) <i>87</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Duties</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Home Duties</i>	9. AGE (in years last birthday) <i>87</i>
11. BIRTHPLACE (State or foreign country) <i>Fairmont Ind.</i>	12. CITIZEN OF WHAT COUNTRY? <i>Baltimore</i>	13. FATHER'S NAME <i>Mr. Robert J. Ford</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Miss Olive W. Ford</i>		ADDRESS <i>1113 E. 20th St.</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> (A) DUE TO <i>Arteriosclerotic Cardiovascular Disease - Hypertensive</i> (B) DUE TO <i>Vascular Disease - Hypertensive</i> (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>16 March 1948</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>16-March, 1948</i> to <i>4-Feb</i> , 1951, that I last saw the deceased alive <i>4-Feb</i> , 1951, and that death occurred at <i>2 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles W. Edwards</i>		23B. ADDRESS <i>2746 The Alameda</i>		23C. DATE SIGNED <i>5-Feb-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 7, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. STATE <i>Ind.</i>		25. FUNERAL DIRECTOR <i>Mamie B. Syfer</i>	
25. FUNERAL DIRECTOR ADDRESS <i>1600 W. North</i>		26. REGISTRAR'S SIGNATURE <i>William H. Williams</i>		27. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1951</i>	



363

51 1155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1155

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND A. STEWART

2. DATE
OF
DEATH

FEB 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17-10

D. STREET ADDRESS (If rural, give location)

751 RICHWOOD AVE

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 3, 1904

9. AGE (in years
last birthday)

46

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

GARAGE MAN

SUN PAPERS

13. FATHER'S NAME

JOSEPH STEWART

NEWSPAPER

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

MAY E. OTTMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W. W. II

16. SOCIAL
SECURITY NO.

213-12-8128

17. INFORMANT ADDRESS

MRS. MARIE S. STEWART

(SAME)

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

unk.
(over)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 FEB, 1951, to 5 FEB, 1951, that I last saw the
deceased alive on 5 FEB, 1951, and that death occurred at 12:15 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 1951

Huntington Williams, M.D.

J. Walter Conklin 2343 Mayfield Rd.

MEDICAL CERTIFICATION

920 41

83a

"Culture was negative"

See Document File for various statements

3/20/51 ES

652

51

1156 P

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1156

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)SELMA P. HORNIG ~~WIDOWED~~2. DATE
OF
DEATH2.5.51.6⁴⁵ a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

LUTHERAN HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

16-06

Length of stay in Baltimore

46

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3036 ARUNAH AVE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

FEBR. 15 1874

9. AGE (In years
last birthday)

76

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
KARL HORNIG 3036 ARUNAH AVE

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL HAEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSIVE C.V.D.

DUE TO

II

(C)

DIABETES MELLITUS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.4⁴⁵, 1951, to 2.5⁴⁵, 1951, that I last saw the
deceased alive on 2.5⁴⁵, 1951, and that death occurred at 6⁴⁵ a.m., from the causes and on the date stated above.

23A. SIGNATURE

Stanley R Steinbock

M. D.

23B. ADDRESS

Lutheran Hosp

23C. DATE SIGNED

2-5-51

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24. DATE

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Deerayville

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1951

Huntington Hall, Baltimore, Md.

Geo. H. Leimbach 1225 E. End Street

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5 0 1 1 5 5 61

320

51 1157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1157
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES SORDAN GATES

2. DATE
OF
DEATH

FEB 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

320 N. MANASSE ST.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

TALBOT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BELLEVUE

D. STREET ADDRESS (If rural, give location)

NONE

9000

Length of stay in Baltimore

2 mos.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

MALE

NEGRO

WIDOWED

MAR 18, 1867

53 87

10 19

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

WATERMAN

OYSTERING

MARYLAND

U.S.A.

13. FATHER'S NAME

HENRY GATES

14. MOTHER'S MAIDEN NAME

EMILY GATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NO

NONE

NONE

TANTHA BAKER, 320 N MANASSE ST.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardio-
vascular renal disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hemiplegia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 1949 to Feb 6, 1951 that I last saw the
deceased alive on Feb 5, 1951, and that death occurred 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D. Shorofsky M.D.

601 N. Monroe St

2/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

2-9-51

RICHARDS CEMETERY

EASTON MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

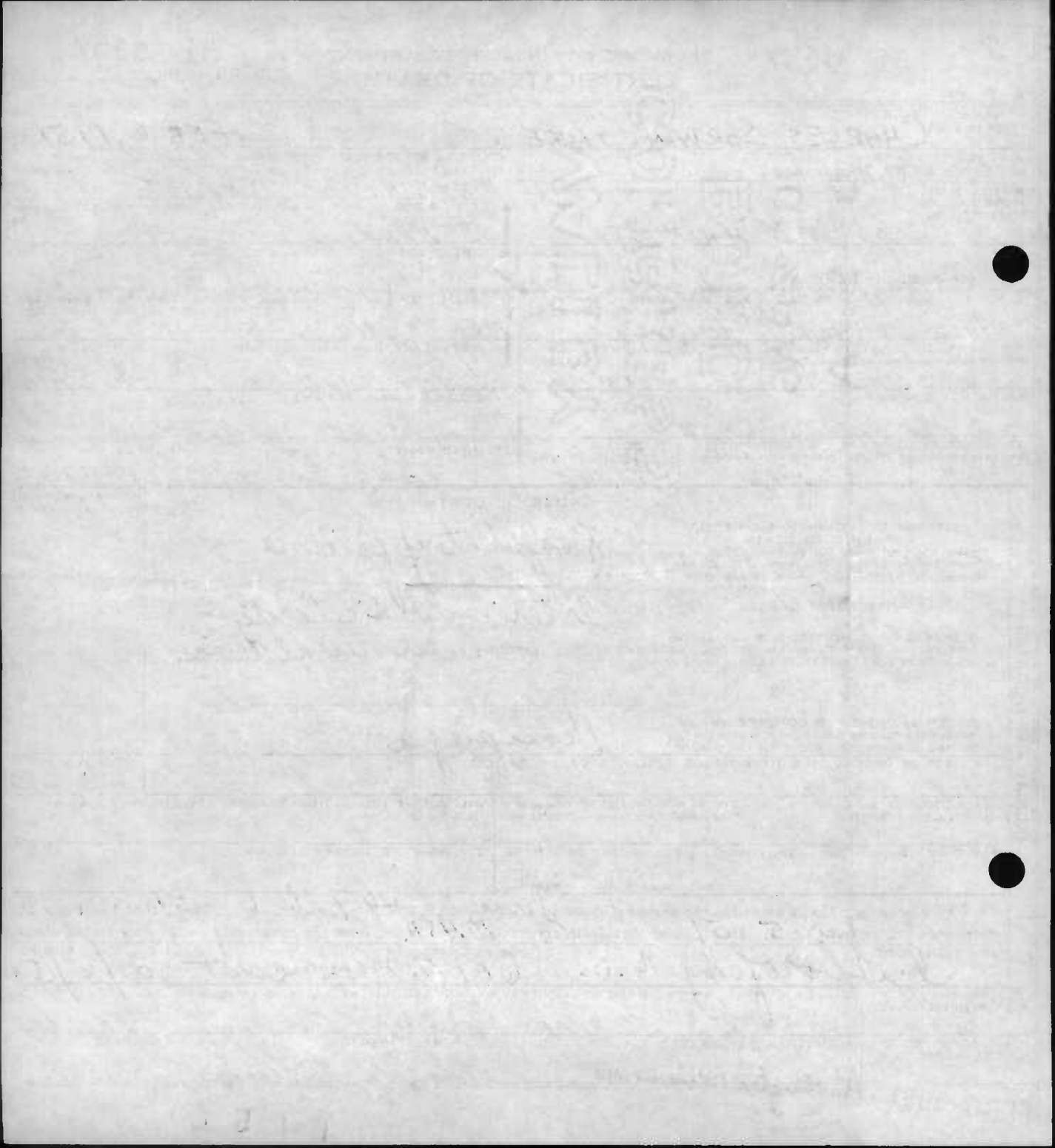
Huntington Williams, M.D.

John N. Williams, Easton

FEB 6 - 1951

150 121a

MEDICAL CERTIFICATION



16051 1158

51 1158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia Elizabeth Soper

2. DATE

OF DEATH 2-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4319 Marble Hall Rd. Apt. North Wood

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4319 Marble Hall Rd. North Wood

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 12, 1865

9. AGE (In years last birthday)

85

If Under 1 Year Months Days

1 21

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel D. Bateman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Cora L. Soper 4319 Marble Hall Rd.

18. 422.2 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Myocarditis

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

BUE TO

Acute Dilatation

3 mo.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

Old age.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- LIVING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 20, 1950, to 2-2-1951, that I last saw the deceased alive on 2-2-1951, and that death occurred at 7:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Blake M. O.

23B. ADDRESS

Med. Arts Bldg.

23C. DATE SIGNED

2-3-51.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-6-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

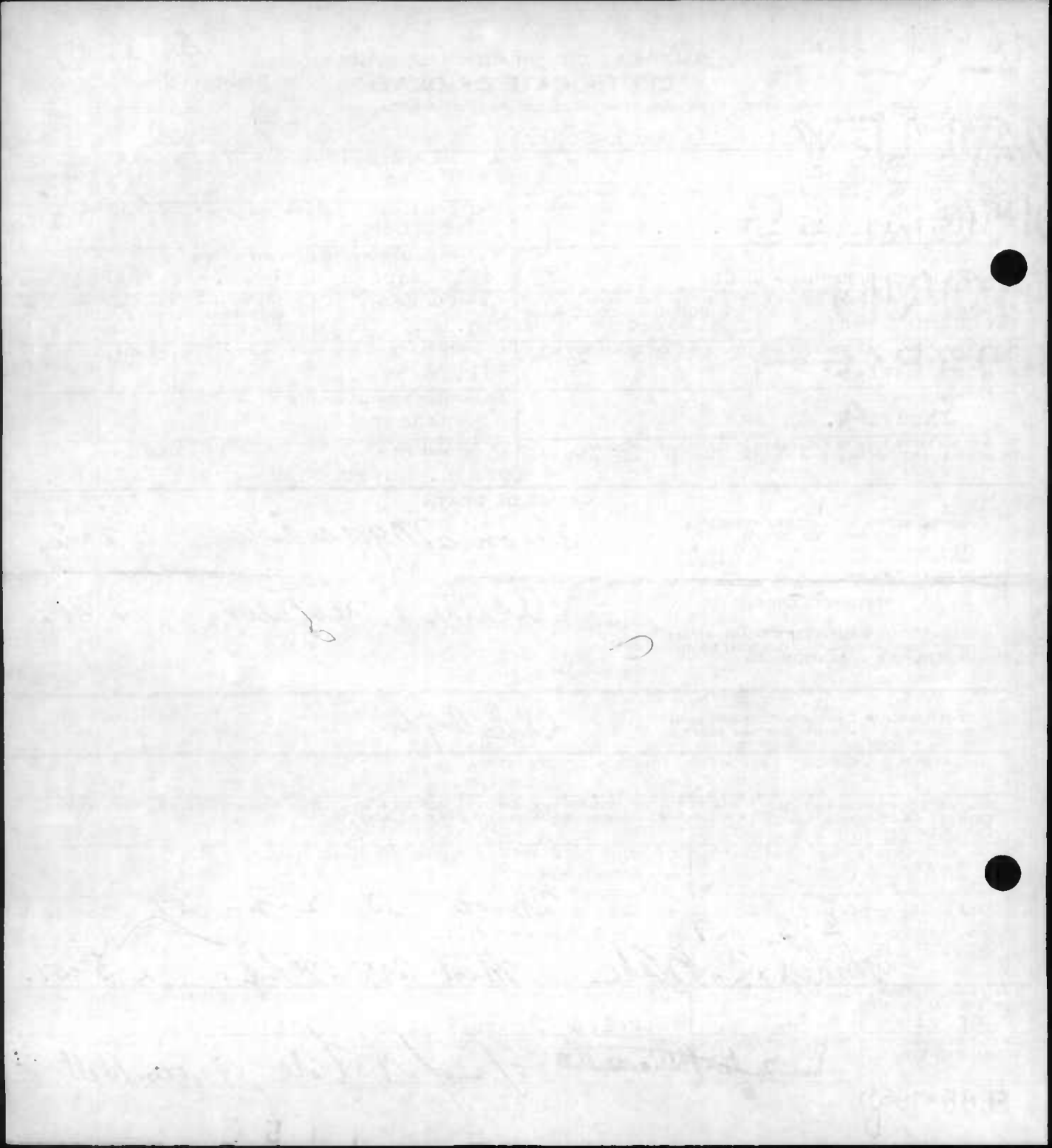
ADDRESS

Fred. A. Cole, 1913 W. Balto. St.

FEB 6 - 1951

931

MEDICAL CERTIFICATION



51 1159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1159

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth A. Meineke

2. DATE

OF

DEATH

February 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1836 W. Saratoga St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1836 W. Saratoga St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 25, 1967

9. AGE (In years last birthday)

83

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Carl Meyer

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Charles F. Meineke, 1836 W. Saratoga

18. 451X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DISSECTING ANEURYSM (?)

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIO SCLEROTIC C.V.D

?

DUE TO

(C)

ARTERIO SCLEROTIC GEN. SCLEROTIC

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 1, 1947, to Feb. 4, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1905 W. BALTIMORE ST.

2/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-7-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

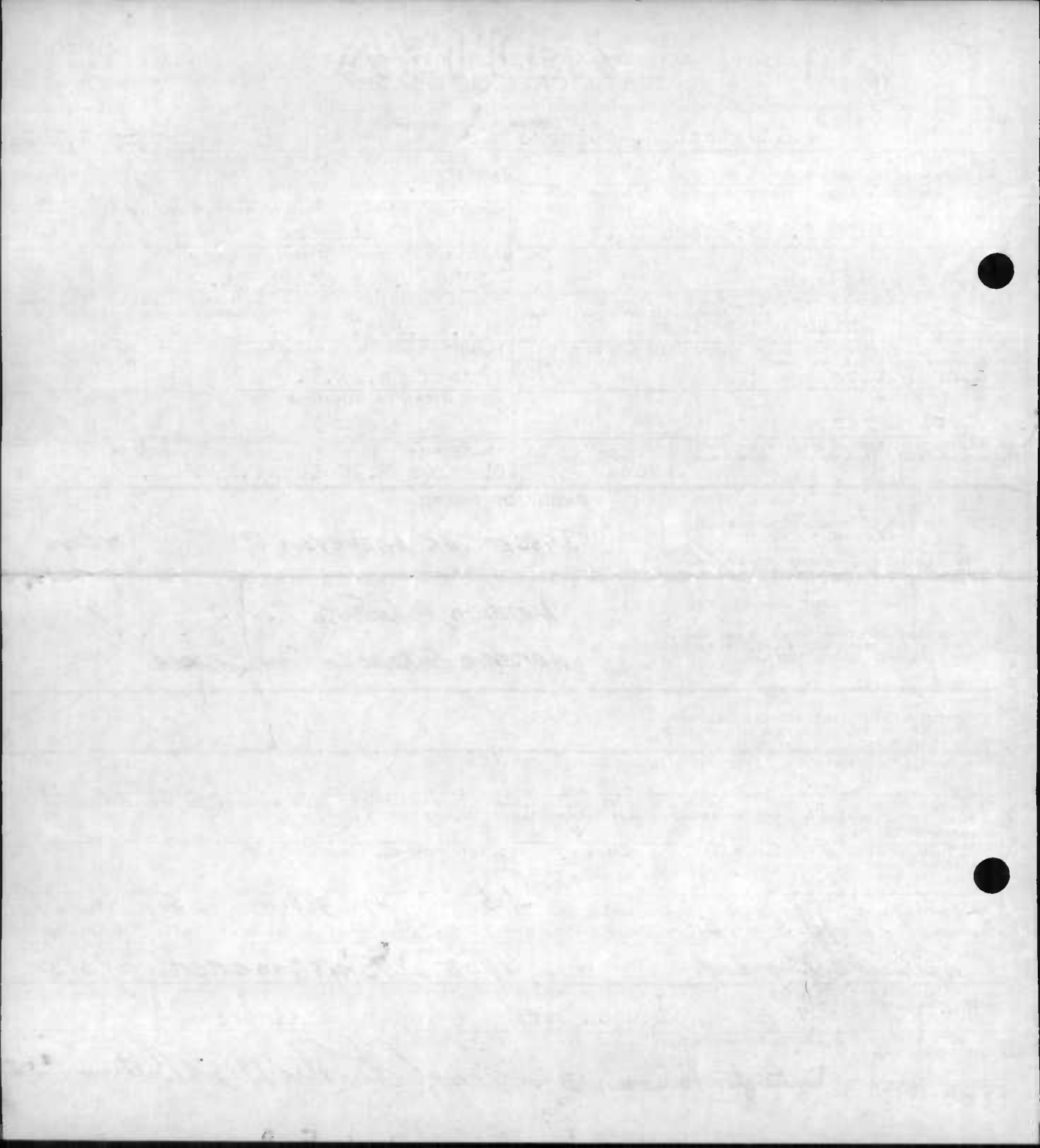
FEB 6 1951

Wm. J. Williams, M.D.

Fred. A. Cole 1713 W. Baltimore St.

96

MEDICAL CERTIFICATION



355 1160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1160
Registered No.

BIRTH NO. 50-12017

1. NAME OF DECEASED (Type or Print) RICKEY LAMONT DEDMON			2. DATE OF DEATH Feb. 3, 1951.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 16-07		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1117 Woodyear St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 1117 Woodyear St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant.	8. DATE OF BIRTH June 18, 1950.	9. AGE (In years last birthday) 7	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Thomas.			14. MOTHER'S MAIDEN NAME Edith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Edith Dedmon - 1117 Woodyear St.		

18. E 883.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Boric acid poisoning (chronic) DUE TO (A) Boric acid poisoning (chronic) (B) Antecedent causes DUE TO (C) Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1117 Woodyear St. 16/2
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 3 1951 ? Pm.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Treatment of diaper rash with boric acid

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Duncanson	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-6-1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. Balto.
24D. LOCATION (City, town, or county) (State) Md.	25. FUNERAL DIRECTOR Mrs. Katie R. Williams Schroeder	ADDRESS 322A
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 1951		

STATE OF MARYLAND

STATE OF MARYLAND

IN SENATE,
January 1, 1901.
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE,
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE
MAY 1, 1899.

TABLE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 1161**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBUR G. STARKEY

2. DATE
OF
DEATH

Feb. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Found in water at Ft. McHenry

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

204 S. Collington Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 11, 1918

9. AGE (In years last birthday)

32

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Okey Starkey

14. MOTHER'S MAIDEN NAME

Lillie M. Oldaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

235-16-0269

17. INFORMANT

ADDRESS

Okey Starkey, 204 S. Collington Avenue

18. **E929.8**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning, found drowned**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Water

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore City

Found in water at Ft. McHenry

24-1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Found Feb. 4, 1951 12:50m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunleaver

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

2/7/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 7 - 1951

REGISTRAR'S SIGNATURE

Stanley K. Dunleaver

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

CERTIFICATE OF DEATH

STATE OF NEW YORK

IN SENATE

January 1, 1900

At New York

County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

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County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

24 51 1162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1162
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rebecca T. Parkhill

2. DATE
OF
DEATH

3/5/51 7:30 am

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

22 E. 25th St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 12-06

D. STREET ADDRESS (If rural, give location)

22 E. 25th St

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female

White

Widowed

8/13/1867

83

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

at home

Penna

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Abraham Bumgardner

Eliza J. Pitting

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Edward Parkhill 5801 Merville Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Coronary Occlusion

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Asthma

1 yr.

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Sept 1950 to Feb 5, 1951, that I last saw the
deceased alive on Sept 1950 and that death occurred at 7:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walter E. Kargin

M. D.

4331 Harford Rd

2/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/8/51

Morrisland Park

Parkville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

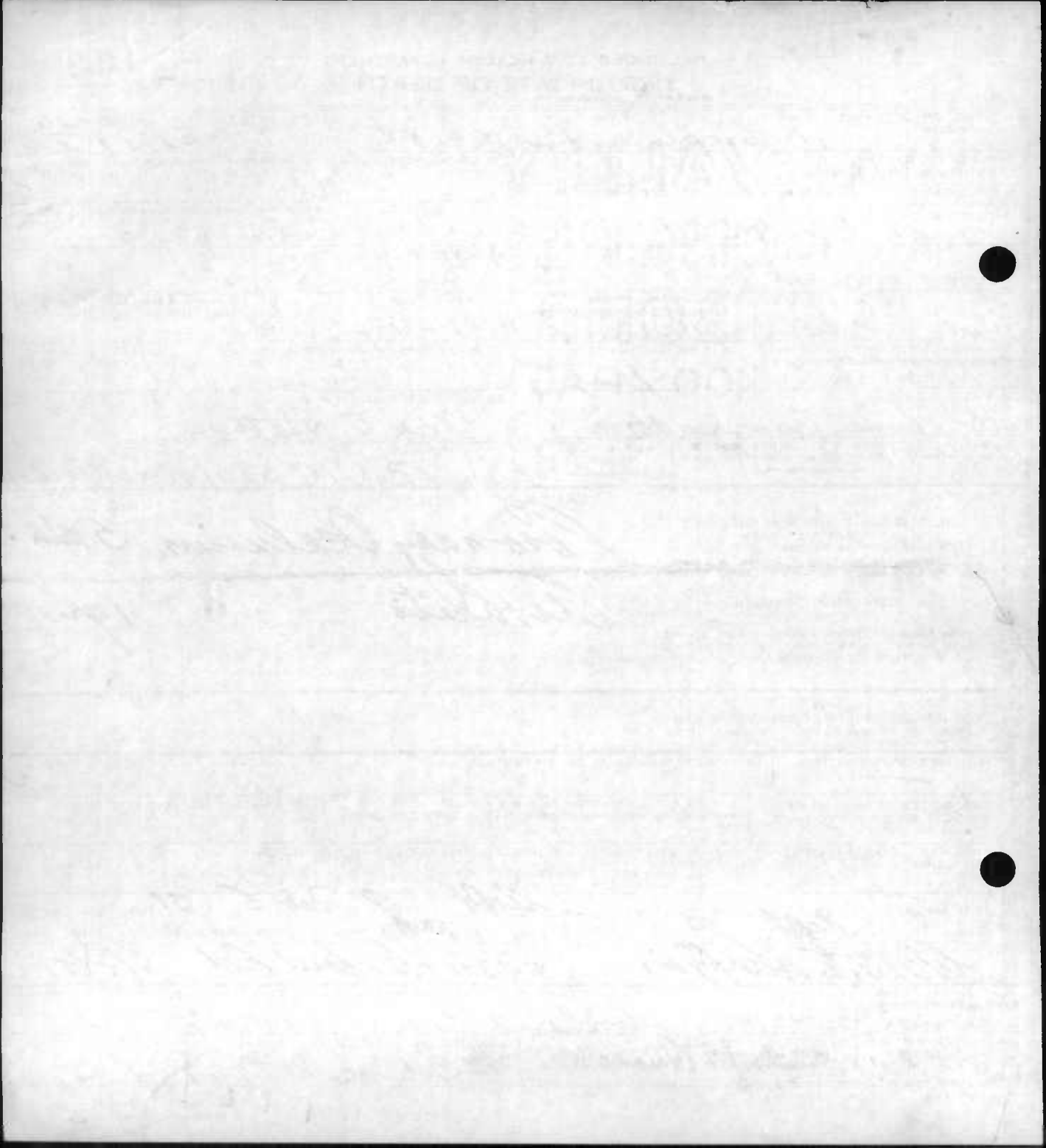
FEB 7 - 1951

Huntington Williams, M.D.

Wm Bok Inc. 1217 St. Paul St

VS 150

1000116 94a



51 1163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1163
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva U. Jess

2. DATE
OF
DEATH

2/5/51 9:45 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2305 St. Paul st

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 23-02

D. STREET ADDRESS (If rural, give location)

1502 Marshall st

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Female

White

Widowed

7/17/1877

73

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

at home

Balto. Md.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Job Gaskill

Carlotta Wolcott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Hattie France 4304 Mary Ave

18. 434.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cardiac decompensation

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

glaucoma, cleft palate

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-1, 1950, to 2-5, 1951, that I last saw the deceased alive on 2-4, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

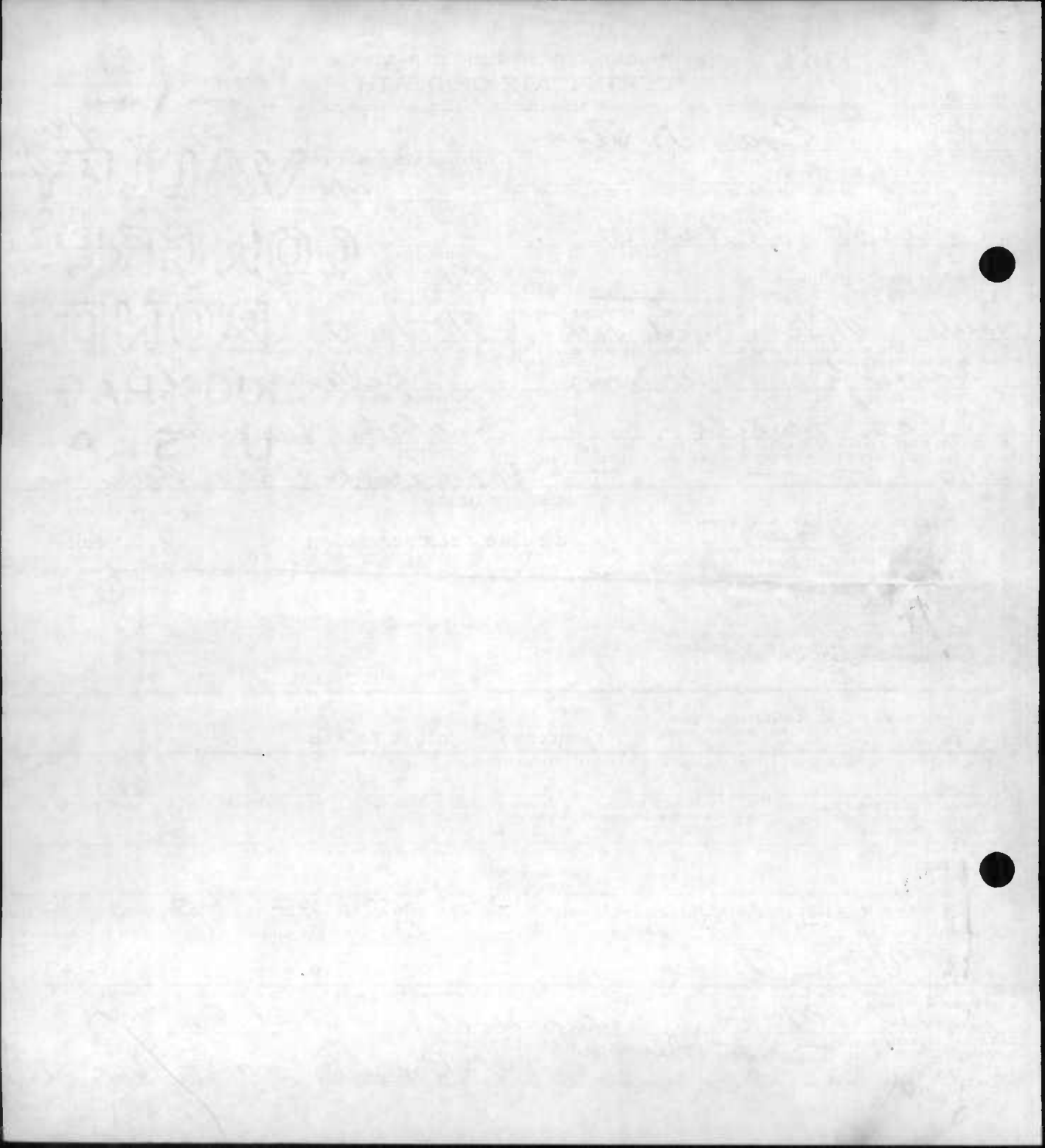
FEB 7 - 1951

VS 150

Wm Cook Inc. 1217 St. Paul st.

95c

MEDICAL CERTIFICATION



231
51 1164BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1164
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Lena M. Restivo		2. DATE OF DEATH Feb. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 310 W. Biddle Street		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 11-04	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 310 W. Biddle Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 4, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home - never employed		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Mariano Restivo		14. MOTHER'S MAIDEN NAME Camellia LoPrinzi	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Casey Restivo, 310 W. Biddle Street		ADDRESS _____	

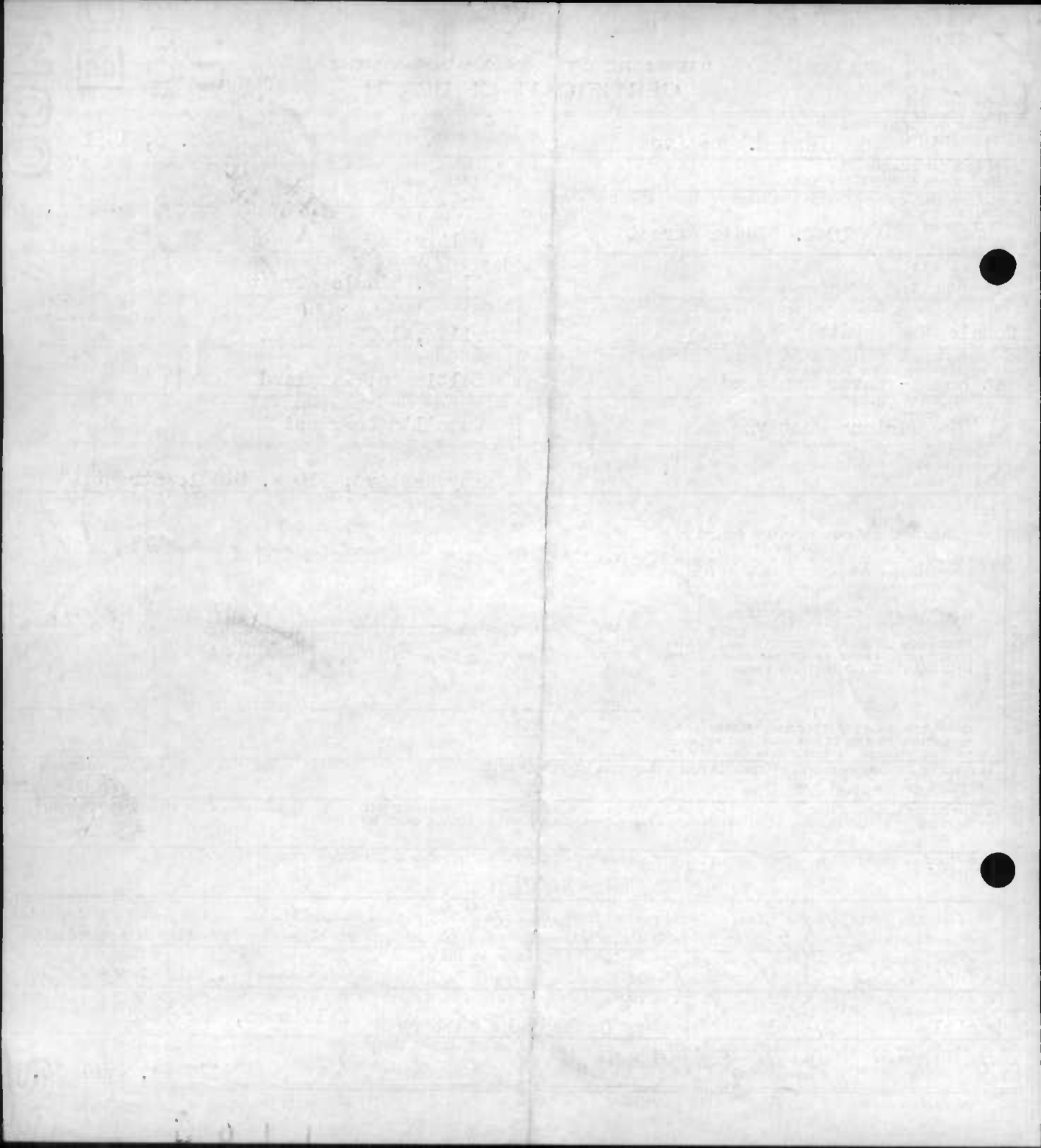
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) General Carcinomatosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of left breast DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 5 yrs.	CAUSE OF DEATH General Carcinomatosis Carcinoma of left breast 5 yrs.	INTERVAL BETWEEN ONSET AND DEATH 1 yr.
--	---	--

19A. DATE OF OPERATION 5 yrs ago	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1945**, to **Feb 6, 1951**, that I last saw the deceased alive on **Feb 5, 1951**, and that death occurred at **2nd A. m.**, from the causes and on the date stated above.

23A. SIGNATURE
A. J. Van Schuyver
M. O. **4818 Edmonson**
23B. ADDRESS
236. DATE SIGNED
2/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 2/8/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Wm. Barb, Inc.	ADDRESS 1217 St. Paul St.



152
51 1165BUFFINGTON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1165
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John H. Buffington

2. DATE
OF
DEATHFebruary 5
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONPinecrest
Sanatorium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. Howard

C. CITY OR TOWN

Eekridge 6200

D. STREET ADDRESS (If rural, give location)

Washington Blvd

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Self

13. FATHER'S NAME

John F. Buffington

8. DATE OF BIRTH

Sept 25-1883

9. AGE (In years last birthday)

67

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Hagerstown Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rose K Bacon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Carrie Buffington Eekridge Md

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis + Myocardial
degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Generalized Arteriosclerosis
Central Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 24, 1951, to Feb 5, 1951, that I last saw the deceased alive on Feb 5, 1951, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin W. Borden

M. O.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

2/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Dorsey Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 7 - 1951

REGISTRAR'S SIGNATURE

Melvin W. Borden

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St.

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

IMMEDIATE CAUSE

DISPOSITION OF BODY

DATE OF BURIAL

PLACE OF BURIAL

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF FUNERAL HOME

NAME OF UNDERTAKER

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

255
51 1166BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1166

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William F. Hickman

2. DATE
OF
DEATH

Feb. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1905 McElderry St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1905 McElderry St.,

C. Length of stay in Baltimore Lifetime
Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 2, 1874

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butter & egg delaer

10B. KIND OF BUSINESS OR
INDUSTRY

Self.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Frederick Hickman

14. MOTHER'S MAIDEN NAME

Louise Schultheis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Amanda Hickman 1905 McElderry St.

CAUSE OF DEATH

18. 420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio-sclerotic cardio vascular
disease.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH10/8/50-
2/5/51OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1950, to Feb. 5, 1951, that I last saw the
deceased alive on Feb. 4, 1951, and that death occurred at 1.30A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

Feb. 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8.51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore-Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTERED SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

FEB 7 - 1951

93D

1945

1945

1945

1945

1945

1945

1945

1945

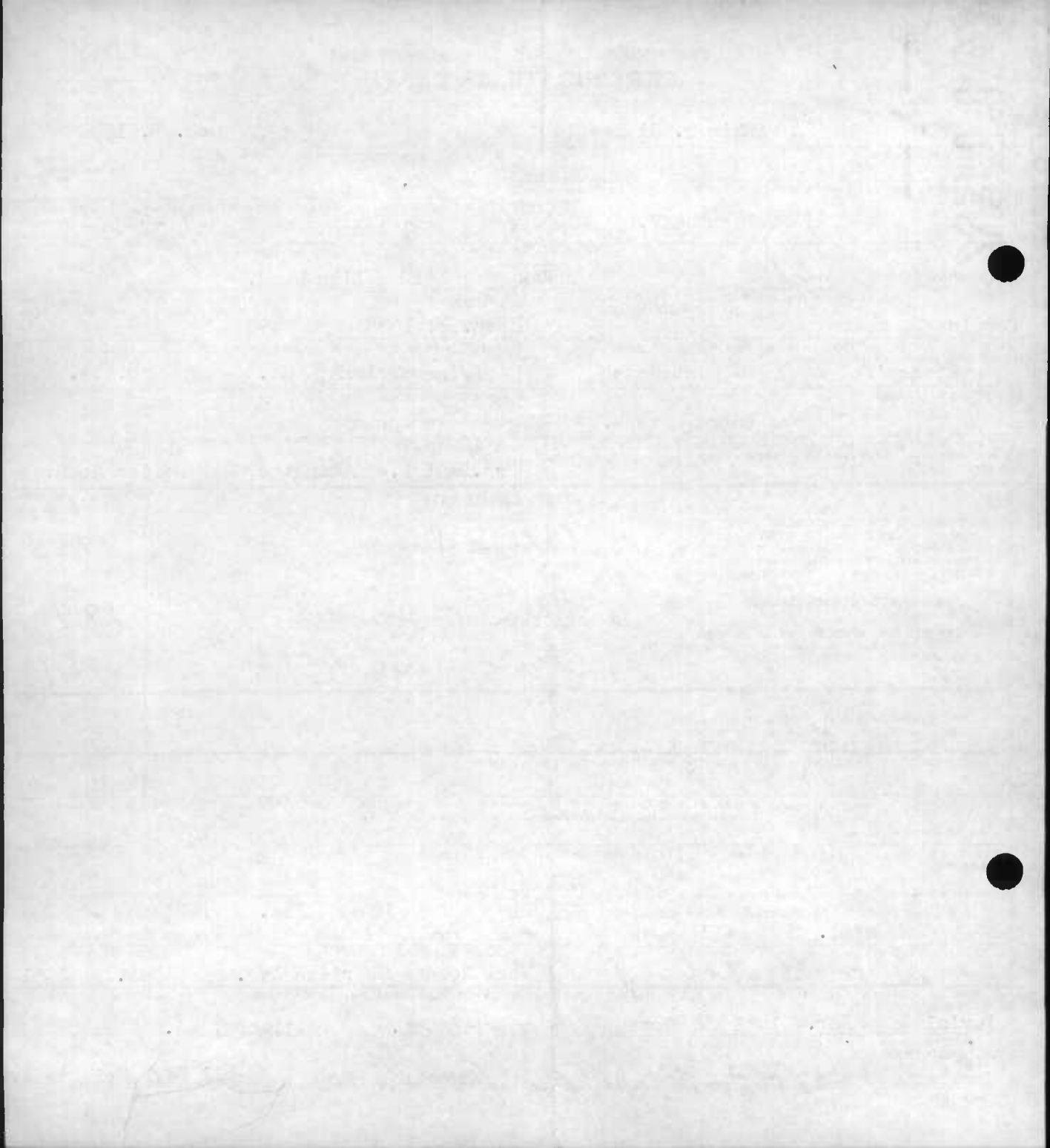
421
51 1167BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1167
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Annie S. Gillespie		2. DATE OF DEATH Feb. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 412 Hollen Road.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-12	
D. LENGTH OF STAY IN BALTIMORE 50 Yrs.		E. STREET ADDRESS (If rural, give location) 412 Hollen Road.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 3, 1855
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 95
11. FATHER'S NAME James Murray Stone,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		14. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. INFORMANT ADDRESS Mrs. Paul L. Whittington, 412 Hollen Road.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antinuclear		INTERVAL BETWEEN ONSET AND DEATH 1940
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Myocarditis		1946
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Cardiac Disturbance		1951

19A. DATE OF OPERATION Feb. 5, 1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May , 19 50 , to Feb. , 19 51 , that I last saw the deceased alive on Feb. 5 , 19 51 , and that death occurred at 7:40 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE B. H. Bishop		23B. ADDRESS York Road & Sheridan Ave.		23C. DATE SIGNED Feb. 6 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE Feb. 7 1951	24C. NAME OF CEMETERY OR CREMATORY Govans Presbyterian Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1951		25. FUNERAL DIRECTOR ADDRESS W. Vernon Lammiman 4611 Park Heights Av.		



60
51 1168BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1168

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Kathaleen Taylor

2. DATE
OF
DEATH

Feb 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home of Hospital

Length of stay in Baltimore

2.5 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1903

9. AGE (In years,
last birthday)

47 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Spielman

14. MOTHER'S MAIDEN NAME

Alice Perrin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

8 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(Right Pneumectomy)

19A. DATE OF OPERATION

2/2/51

19B. MAJOR FINDINGS OF OPERATION

Major Involvement of Right Lung

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1951, to 2/5, 1951, that I last saw the
deceased alive on 2/5, 1951, and that death occurred at 10³⁰ A.M., from the causes and on the date stated above.

23A. SIGNATURE

Z. Reed Carroll

M. D.

23B. ADDRESS

Church Home of Hospital

23C. DATE SIGNED

2/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 7 - 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Loring Byers 5005 Oakridge Ave.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Date of death	
6. Place of birth		7. Usual residence		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of medical examiner		13. Signature of coroner		14. Signature of funeral director		15. Signature of undertaker	
16. Signature of health officer		17. Signature of local health officer		18. Signature of state health officer		19. Signature of federal health officer		20. Signature of other official	

51 1169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1169
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William P. Roche

2. DATE

OF DEATH 2-4-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 3321 Shannon Dr.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-03

D. STREET ADDRESS (If rural, give location)

3321 Shannon Dr.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

8-10-1895

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Auditor10B. KIND OF BUSINESS OR INDUSTRY
Packing House

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James W. Roche

14. MOTHER'S MAIDEN NAME

Mary Kraeger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

214-03-5725 Margaret C. Roche 3321 Shannon Dr.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

Coronary occlusion

Coronary Insufficiency

Coronary Sclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Feb 4, 1951, that I last saw the deceased alive on Feb 4, 1951, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Carter A. Auduson M. D.

3001 Shannon Drive

2-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-8-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 1951

John A. Moran

John A. Moran

3000 E. Baltimore St.

Library of Congress
Manuscript Division
Washington, D.C.

Box 10, lot 2

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Box 10, lot 2

51 1170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1170

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 22, 1951, to Feb. 4, 1951, that I last saw the deceased alive on Jan. 3, 1951, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

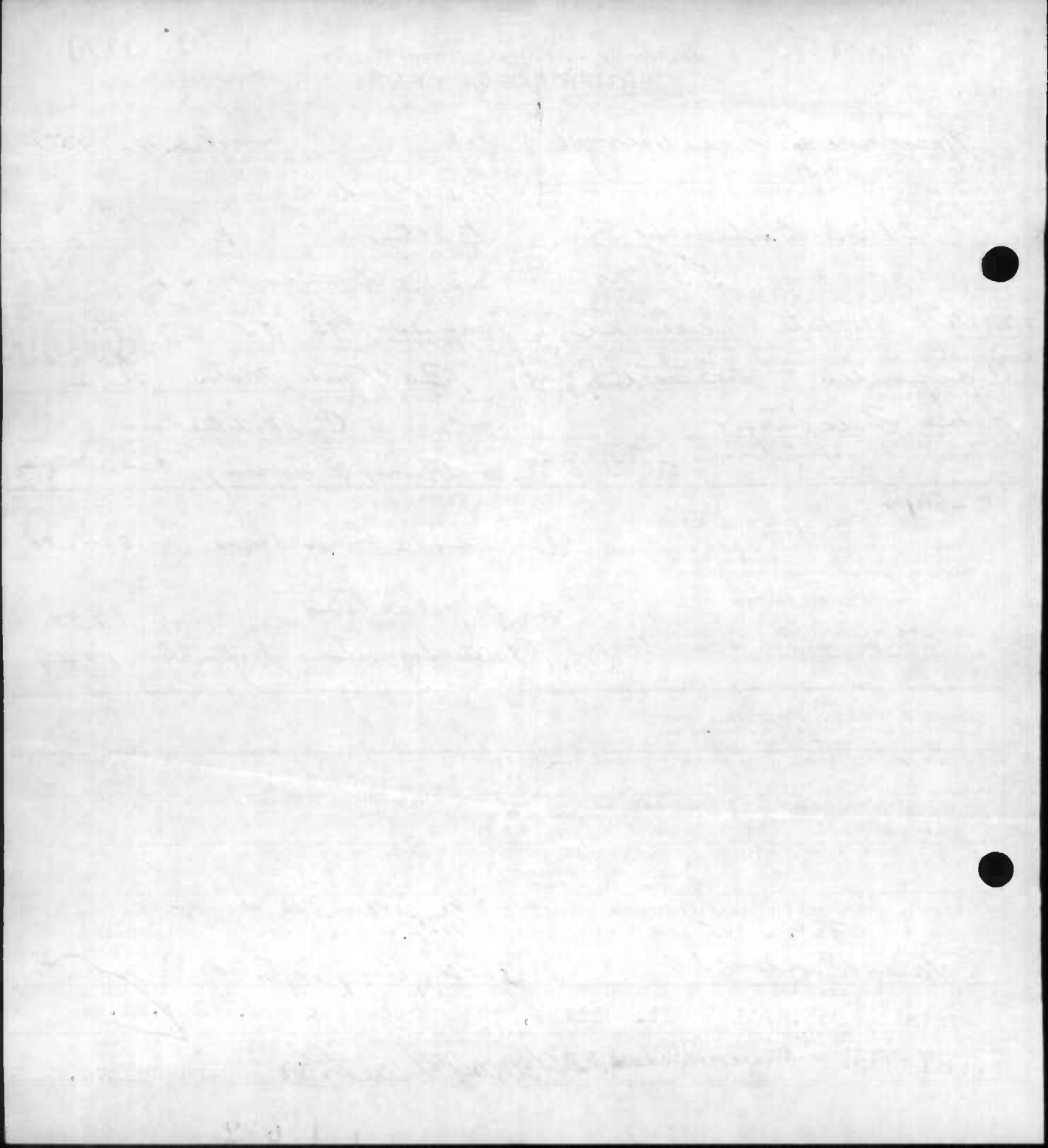
ADDRESS

VS 150

MEDICAL CERTIFICATION

51030

131a



400
51 1171BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH FORD BALL

2. DATE
OF DEATH Feb. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3502 Clifton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1601 N. Longwood St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 27, 1865

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Frederick Ford

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Raye E. Lusk - 1601 N. Longwood St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic heart disease

10 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1951, to Feb. 5, 1951, that I last saw the
deceased alive on Jan. 5, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

3048 W. North Ave.

23C. DATE SIGNED

Feb. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 7 - 1951

REGISTRAR'S SIGNATURE

C. H. Williams, M.D.

25. FUNERAL DIRECTOR

J. Lickner & Sons - Balto

ADDRESS

51 1172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1172

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GERTRUDE KRAMER

2. DATE
OF
DEATH

2-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3706 Norton Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

The Mount

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore 15-11

C. Length of stay in Baltimore

35 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years - last birthday)

95

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russian

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

R. E. Rosenblatt - Same

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute uraemia

DUE TO

48 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) myocardial degeneration

DUE TO

5 weeks.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) General Arterio Sclerosis

over 10 years.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Feb. 6, 1951, that I last saw the deceased alive on Feb. 6, 1951, and that death occurred at 10:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. E. Gilman

23B. ADDRESS

M. D.

Triple Gardens Apt

23C. DATE SIGNED

Feb. 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-7-51

Hebrew Young Men

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

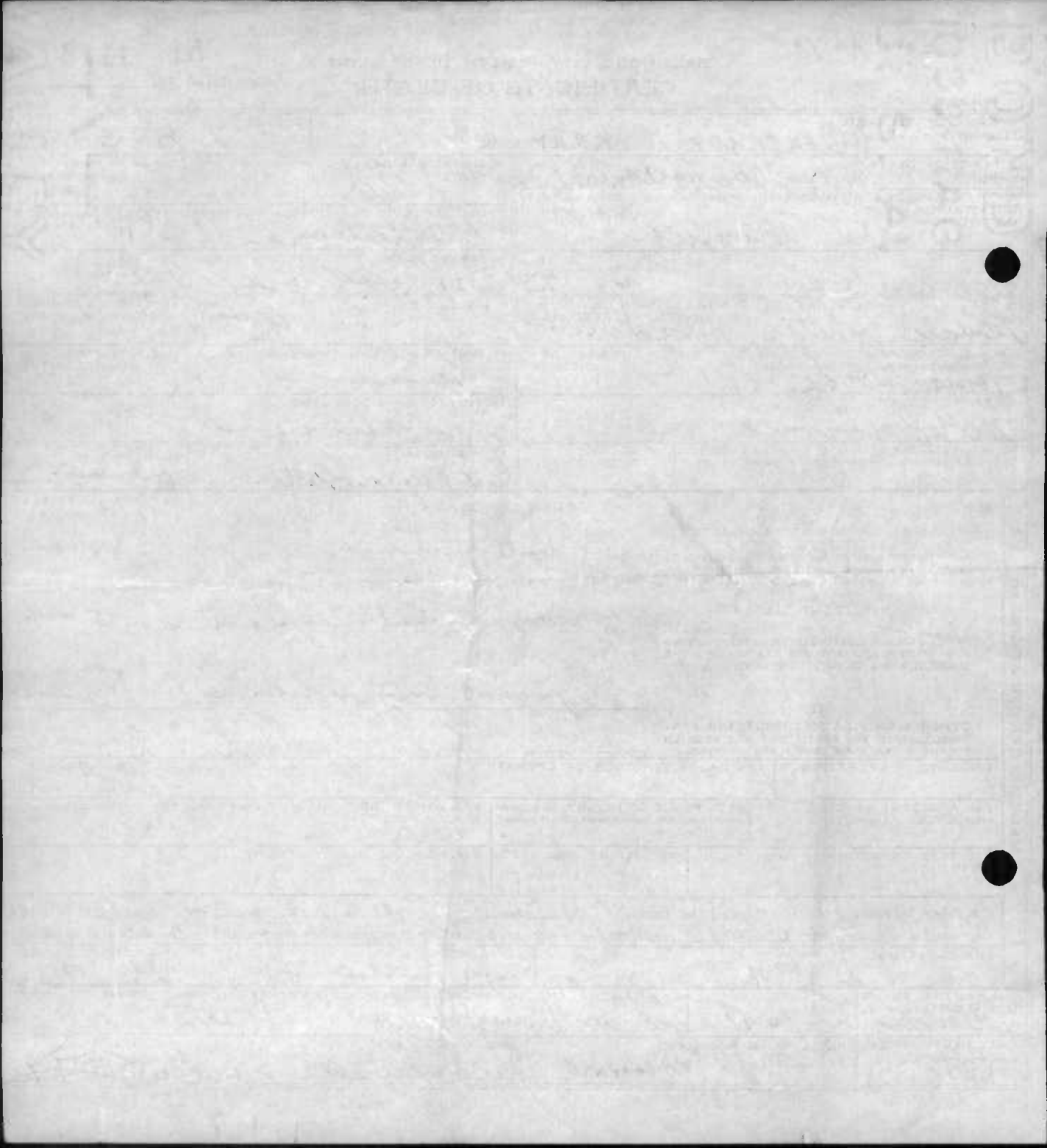
25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1951

Washington Baltimore Md

Jack Lewine 2100 Euter Rd



51 1173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1173
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Frederick

2. DATE
OF
DEATH

2/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3

Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

July 31, 1890

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

FURNITURE RESTORER

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Frederick

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 241X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pericarditis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Terminal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

DUE TO

Terminal

(C) Chronic bronchial asthma

several
yearsOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Congestive heart failure, arteriosclerosis, generalized

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1951, to 2-4, 1951, that I last saw the
deceased alive on 2-4, 1951, and that death occurred at 1055 pm., from the causes and on the date stated above.

23A. SIGNATURE

Maryland General Hospital

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

2/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

WOODCH PARK

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

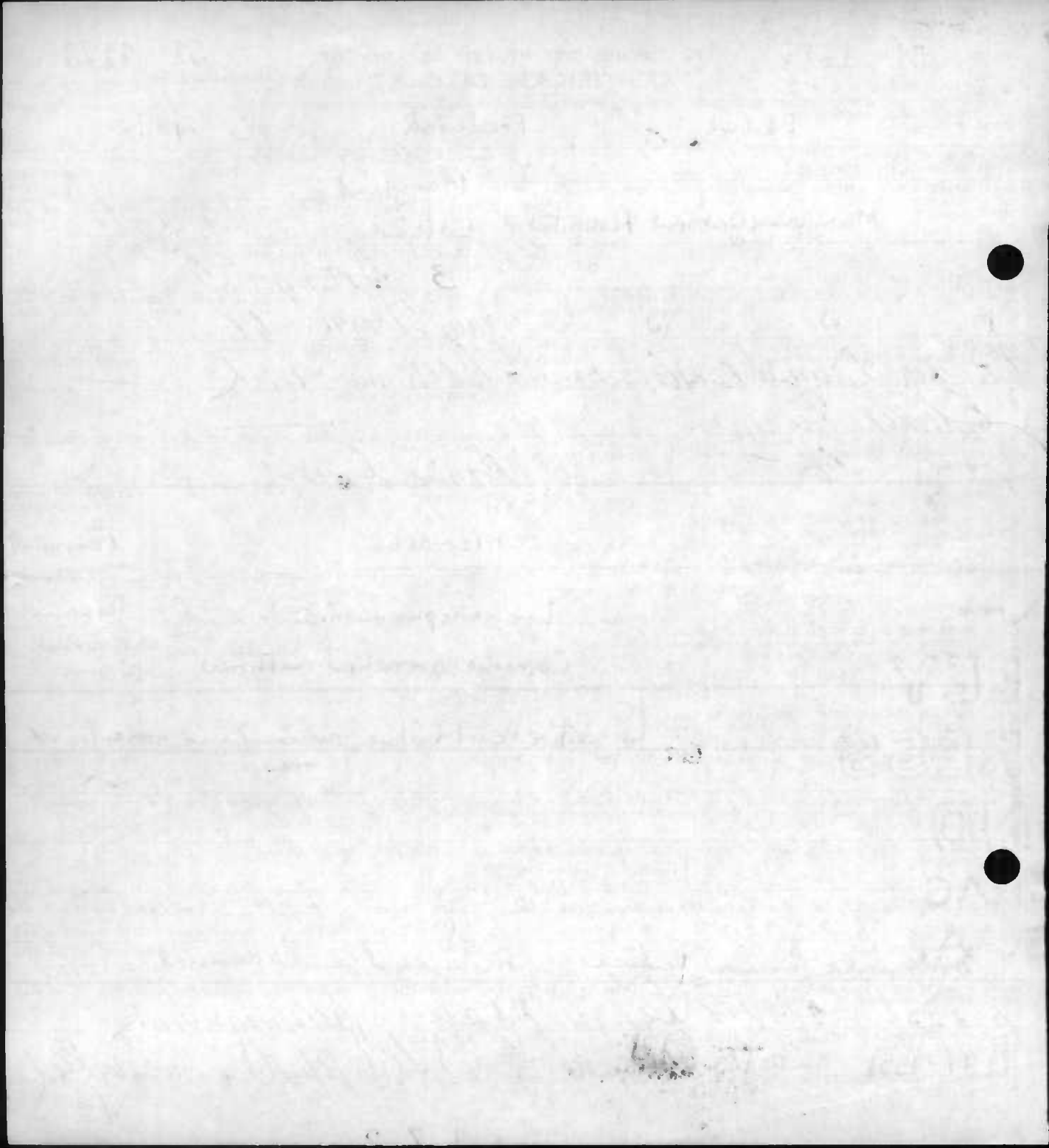
REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

X. B. Murphy & Son, Inc., 1000 E. Baltimore Ave.



51 1174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1174
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Margaret Grogan*2. DATE
OF
DEATH *Feb. 6, 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland *1200 Valley St.*4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Maryland* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *10-01**Little Sisters of the Poor*D. STREET ADDRESS (If rural, give location)
1200 Valley St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.*Female* *White**Single**May 11, 1879**9/71*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
*Baltimore*12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
*Joseph Grogan*14. MOTHER'S MAIDEN NAME
*Mary Jennings*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Little Sisters of the Poor ADDRESS18. *170X*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) *Carcinoma Lo Breast*
DUE TO*1 yr*(B) *Metastasis in Lungs*
DUE TO*1 mo*

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from *Feb 4 -* 1951, to *Feb 6 -* 1951, that I last saw the
deceased alive on *Feb 6 -* 1951, and that death occurred at *3 P.* m., from the causes and on the date stated above.23A. SIGNATURE
*E. Gell Hall MD*23B. ADDRESS
*1631 E. North Ave.*23C. DATE SIGNED
Feb 7-1951

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)24B. DATE
*Feb 8, 1951*24C. NAME OF CEMETERY OR CREMATORY
*Cathedral*24D. LOCATION (City, town, or county) (State)
*Baltimore*DATE RECEIVED BY
LOCAL REGISTRAR
*FEB 7 - 1951*REGISTRAR'S SIGNATURE
*Wilmington Williams*25. FUNERAL DIRECTOR
*Paula Reedfield*ADDRESS
900 E. Biddle St

117

THE UNIVERSITY OF CHICAGO

LIBRARY

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CHICAGO, ILL. 60637

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1215 EAST 58TH STREET

CHICAGO, ILL. 60637

1968

51 1175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1175

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VIRGINIA

GESHAZO

2. DATE
OF
DEATH

Feb. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

631 Pitcher St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov 2 1950

9. AGE (In years
last birthday)

3 months

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Virginia Geschazo

14. MOTHER'S MAIDEN NAME

Virginia Geschazo

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

John Geschazo 631 Pitcher St

ADDRESS

18. 525X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1951

VS 151

MEDICAL CERTIFICATION



THE UNIVERSITY OF CHICAGO
LIBRARY
1100 EAST 58TH STREET
CHICAGO, ILLINOIS 60637

UNIVERSITY OF CHICAGO LIBRARY

51 1176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1176
Registered No.

BIRTH NO.

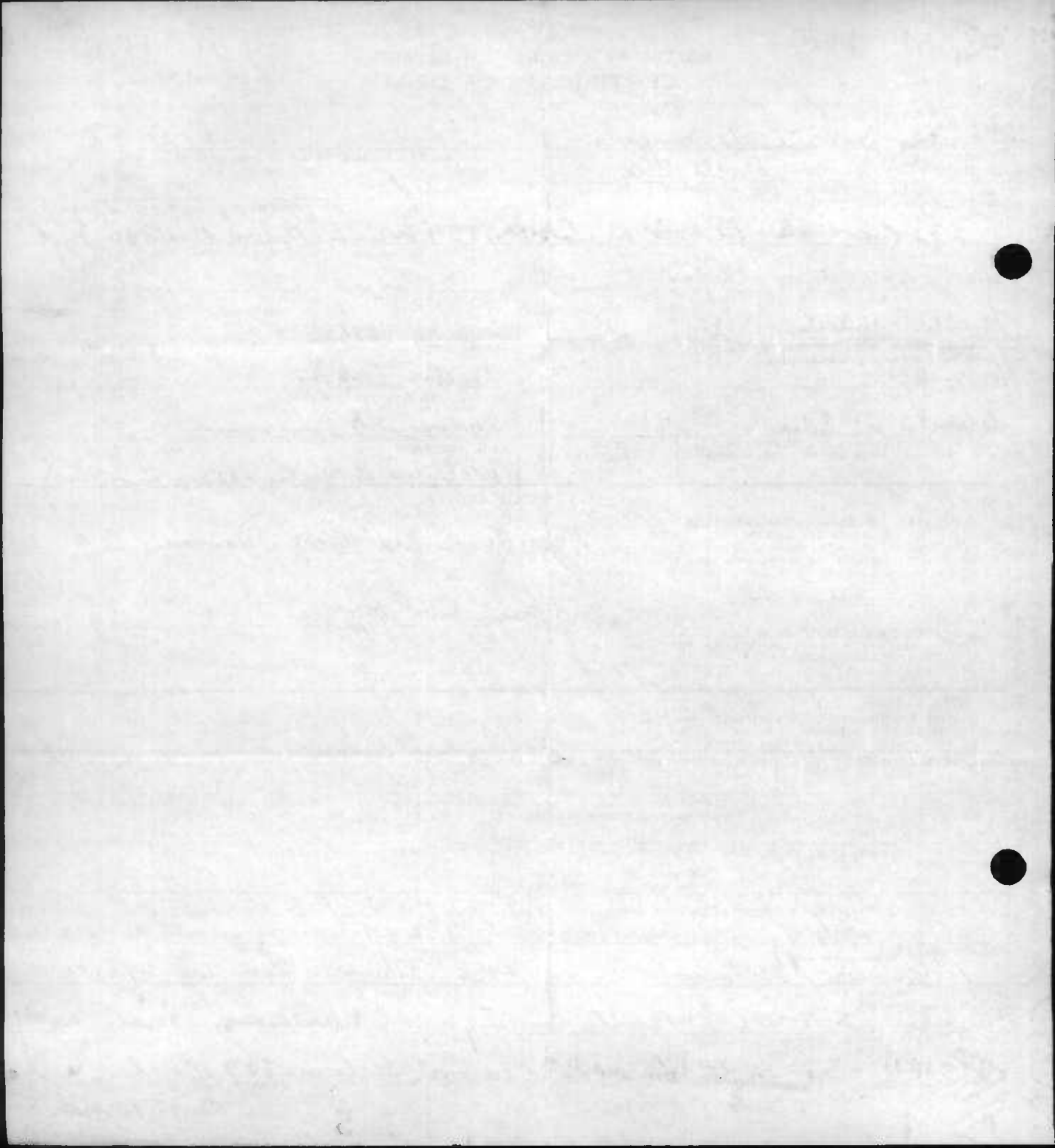
1. NAME OF DECEASED (Type or Print) <i>Dorothy Marie D Myers</i>			2. DATE OF DEATH <i>2-5-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Co</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>25-43</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2351 Wash Blvd Balto Md</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>2351 Wash Blvd Balto 30 md</i>		
7. Length of stay in Baltimore <i>Life</i>			8. STREET ADDRESS (If rural, give location)		
9. SEX <i>Female</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>Aug 28 1896</i>		13. AGE (in years last birthday) <i>54</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			15. KIND OF BUSINESS OR INDUSTRY		16. CITIZEN OF WHAT COUNTRY?
17. FATHER'S NAME <i>Charles W Eder</i>			18. MOTHER'S MAIDEN NAME <i>Sylvia S Edelman</i>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			20. SOCIAL SECURITY NO.		
21. INFORMANT <i>William B Myers 2351 Wash Blvd</i>			22. ADDRESS		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hypertensive Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i>	
ANTECEDENT CAUSES		(B) <i>Essential Hypertension</i>		<i>? yrs.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 29 1946</i> to <i>Feb. 5 1951</i> , that I last saw the deceased alive on <i>Feb 5 1951</i> , and that death occurred at <i>11⁰⁰ p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Arthur Rosalberg M.D.</i>		23B. ADDRESS <i>2436 Washington Blvd -30</i>		23C. DATE SIGNED <i>2/6/51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-8-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Edwell Crn Balto md</i>	
DATE RECEIVED BY LOCAL REGISTRY <i>FEB 7 - 1951</i>		REGISTRAR'S SIGNATURE <i>Edward Louison</i>		25. FUNERAL DIRECTOR <i>2339 Wash Blvd</i>		ADDRESS	

51 1176 937 Balto 30 md



260 51 1177

JENNIE TUCKER

51 1177

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie Tucker

2. DATE
OF
DEATH

Feb. 7-51

3. PLACE OF DEATH

A. Baltimore City/Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2210 Mc Culloch St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2210 Mc Culloch St.

C. Length of stay in Baltimore

16 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 15 1872

9. AGE (In years

last birthday)

78

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Louis Wilson

14. MOTHER'S MAIDEN NAME

Cassie A Shadows

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Louisa Johnson 2210 Mc Culloch St
Baltimore Md

18. 420 1 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7 - 1951, to 2/7 - 1951, that I last saw the deceased alive on 2/6 - 1951 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

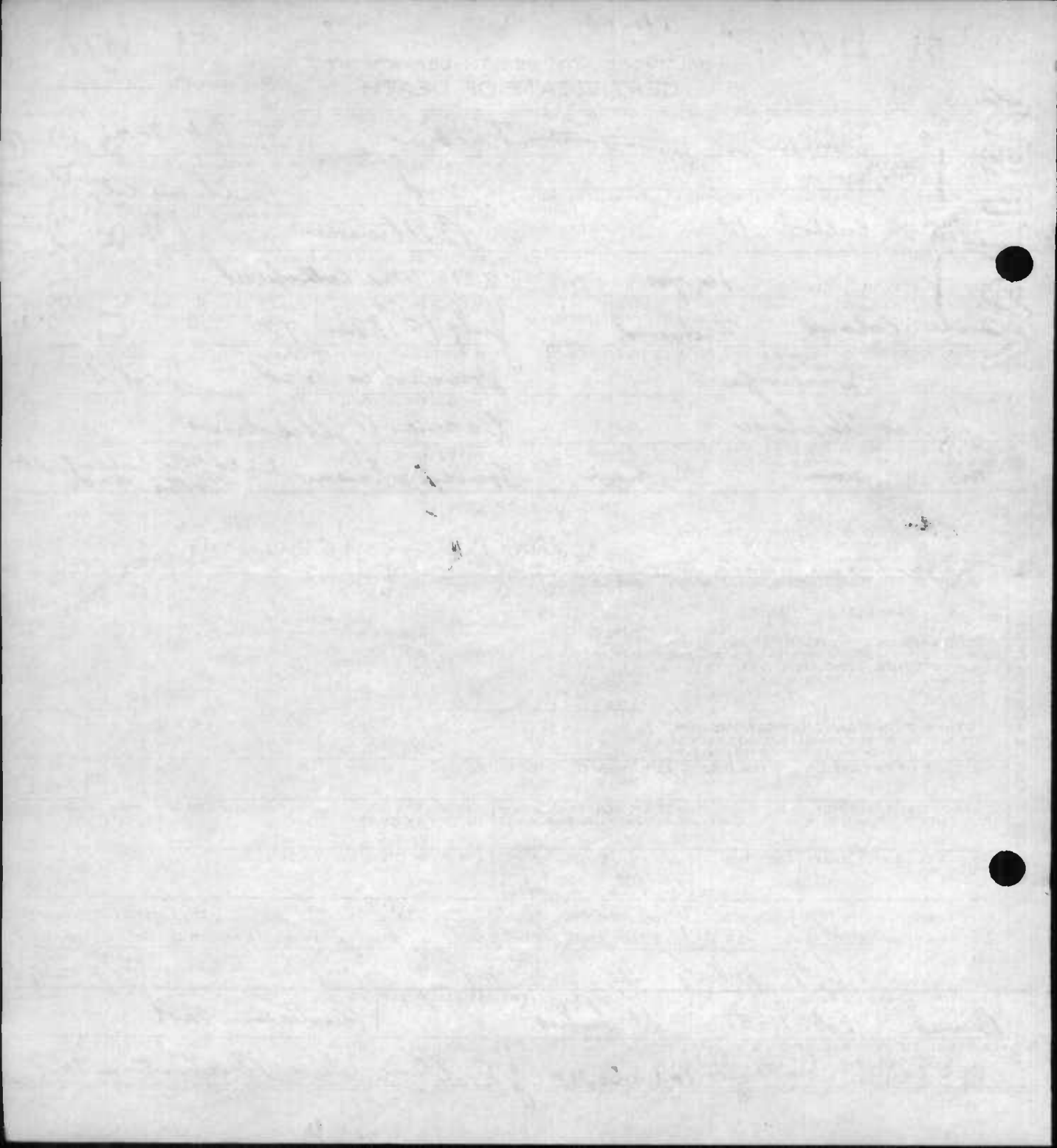
25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1951

J. F. Elene

J. F. Elene - 1000 Ruston Rd



correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARGARET C. SCHEINER

2. DATE
OF
DEATH

FEB-6-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

803 E. FORT AVE -

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

803 E. FORT AVE -

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 6 - 1891

9. AGE (In years,
last birthday)

59

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BALTIMORE - Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CONRAD DRAUDE

14. MOTHER'S MAIDEN NAME

SCHMIDT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

—

16. SOCIAL
SECURITY NO.

218-18-8590

17. INFORMANT

WM. J. SCHEINER - 803 E. FORT AVE -

ADDRESS

18. 420.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ... Coronary Thrombosis

DUE TO

Hypertensive cardio
vascular disease

(B) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

?

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/16/1948, 19__ to 2/6/51, 19__, that I last saw the deceased alive on 1/12/51, 19__, and that death occurred at P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

23B. ADDRESS

1226 Hanover street,

23C. DATE SIGNED

2/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

2/9/51

BALTIMORE NATIONAL Cem

Frederick Ave. BALTO. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1951

Wm. J. Scheiner

THOMAS J. KENNY, INC. 1600 HOLLINS ST. BALTO. Md

1226 S 1st

CERTIFICATE OF DEATH

Immediate

Coronary thrombosis
Hypertensive cardio
vascular disease

James M. Smith

1954

1954

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1179

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

GRINELL

2. DATE
OF
DEATH

Feb. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

627 Mosher St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W. dow

8. DATE OF BIRTH

Nov. 27, 1866

9. AGE (In years last birthday)

84

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, also if retired)

Oysterman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Marys Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Brinnell

14. MOTHER'S MAIDEN NAME

Susan Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edith Edmonds 1213 W. Lorraine St.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Durell

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☒

M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 6, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

FEB 7 - 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

3221

VS 151

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERIOD OF INCUBATION

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS ACCIDENT

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

450
51 1180

51 1180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes Allen

2. DATE
OF
DEATH

2-4-51

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Provident

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

1133 W. Saratoga St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Mr. Robert Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sophie Burley Same

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 12-31-, 1950, to 2-4-, 1951, that I last saw the deceased alive on 2-3-, 1951, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

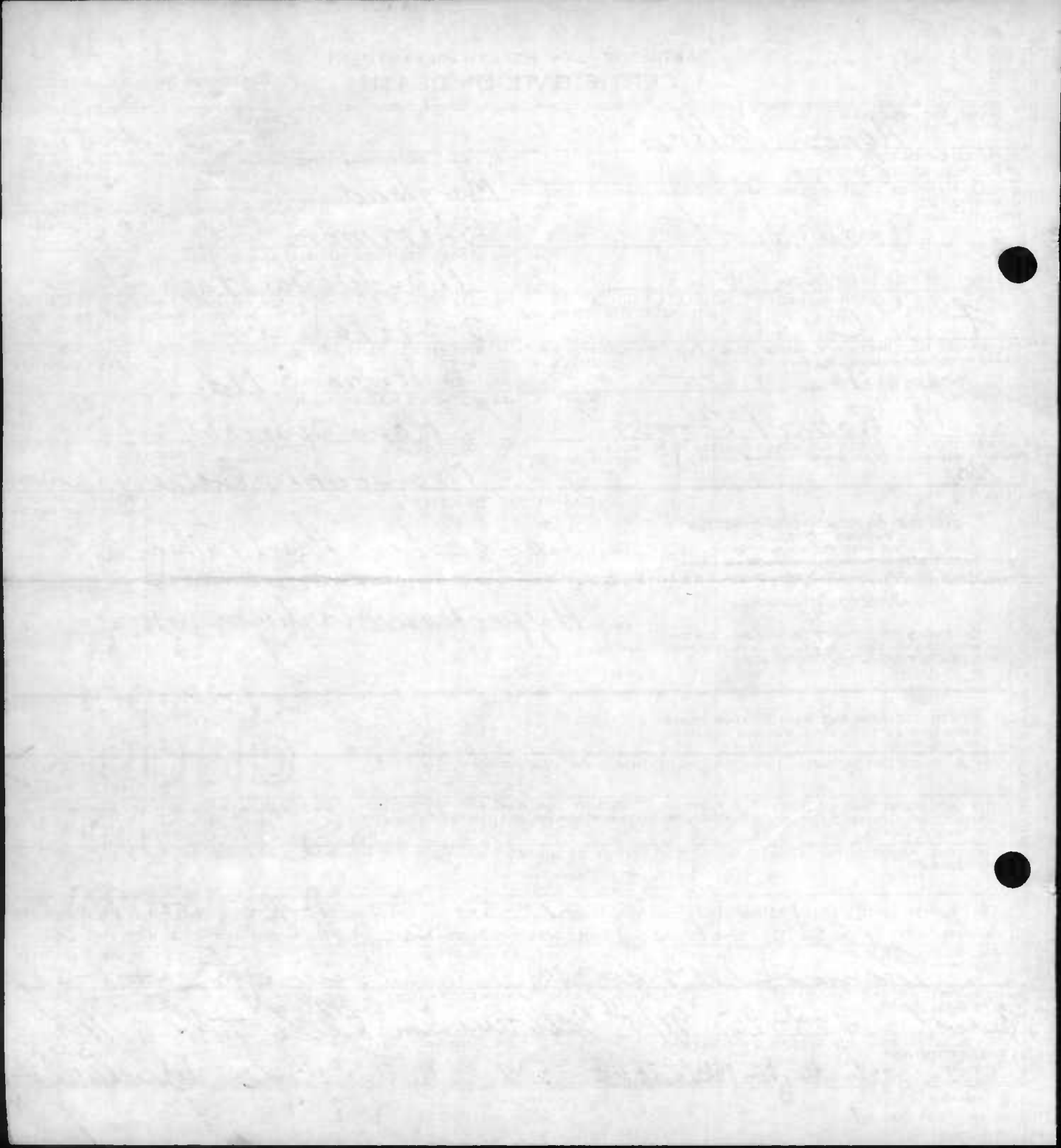
25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1951

VS 150

MEDICAL CERTIFICATION



correct age is especially important. Physicians please write the causes of death clearly and legibly. Information should be carefully supplied.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1181
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Owens Davis

2. DATE
OF
DEATH

2-4-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married (Separated)

8. DATE OF BIRTH

Nov. 3- 1882

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchogenic Carcinoma

4mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 1-4, 1951, to 2-4, 1951, that I last saw the
deceased alive on 2-4, 1951 and that death occurred at 5:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1951

Washington Williams, M.D.

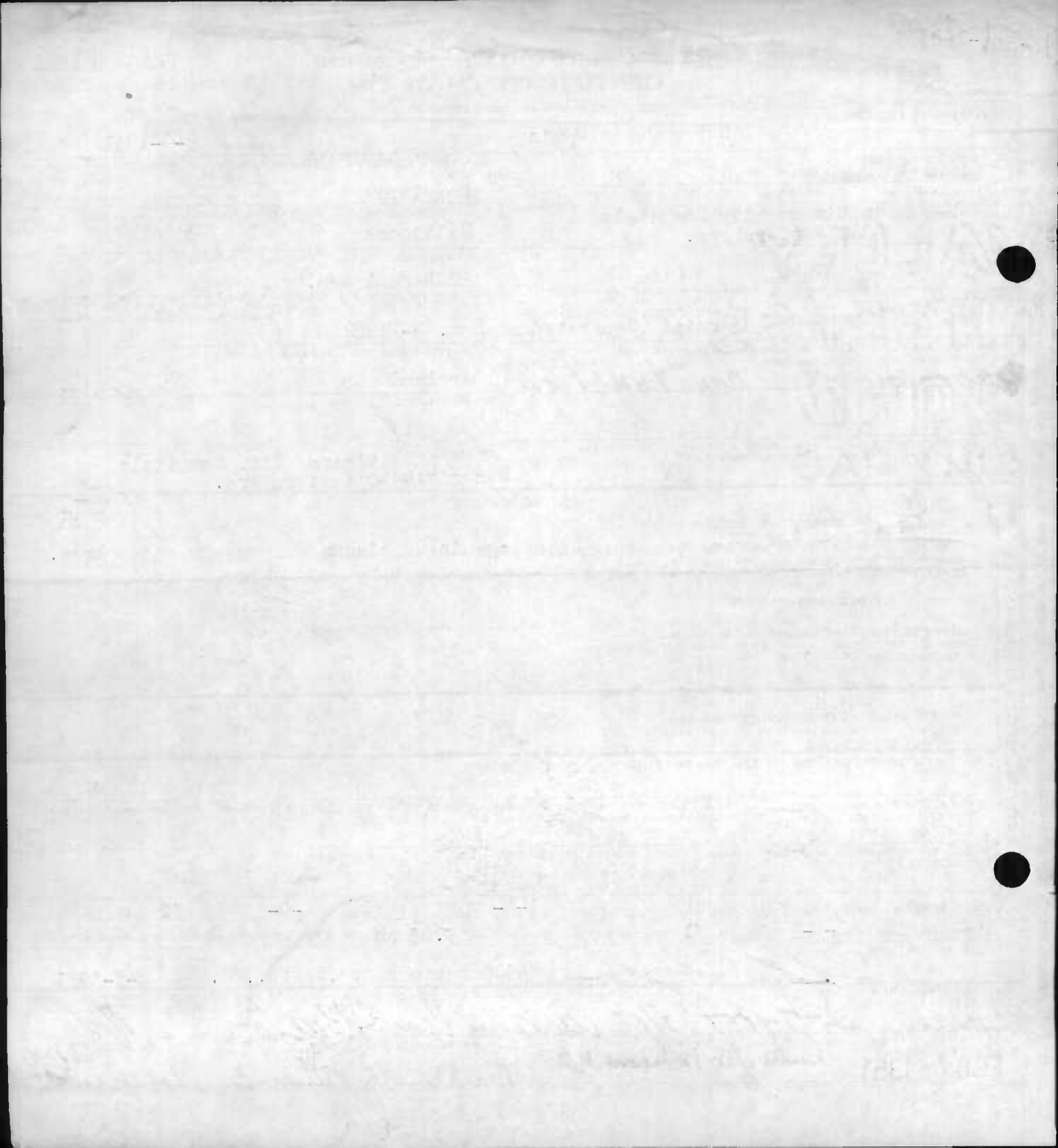
Mrs. Katie R. Williams

Schneider St

VS 150

97024 100

47c



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1182

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EARL Smith

2. DATE
OF
DEATH

FEB 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1046 W. Fayette St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

3-10-11

9. AGE (In years
last birthday)

39

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Junk Dealer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Smith

14. MOTHER'S MAIDEN NAME

Marcella Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

12 HRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CORONARY ART- SCLEROSIS

1 YR.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4-1951, to 2-5-1951, that I last saw the
deceased alive on 2-5-1951 and that death occurred at 12th Am., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Stokes III M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1951

William Williams

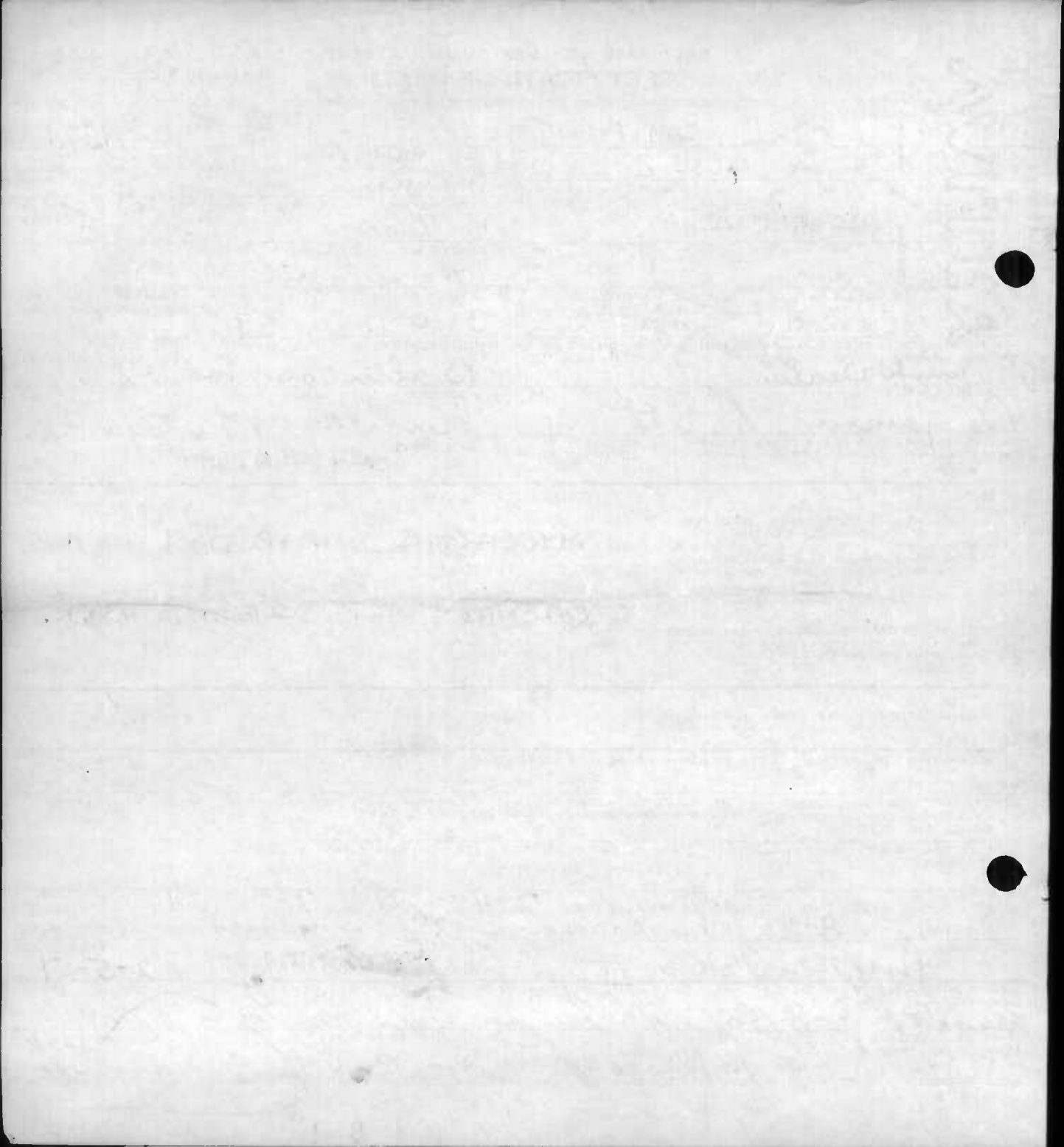
Mrs. Kate R. Williams

Schroeder St.

VS 150

29066

94a



363
51 1183BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1183
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES P. STEWART			2. DATE OF DEATH February 5, 1951.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 938 S. Clinton St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 938 S. Clinton St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1887	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Gibbs Packing Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Stewart			
14. MOTHER'S MAIDEN NAME Susan Copper		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			
16. SOCIAL SECURITY NO. 212-14-8189		17. INFORMANT ADDRESS Etta Stewart 938 S. Clinton St.			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 491X I Broncho pneumonia DUE TO Cardiac decompensation DUE TO 3 weeks 3 days	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 5, 1951 to Feb. 5, 1951 , that I last saw the deceased alive on Feb. 5, 1951 and that death occurred at 2:57 P.M. from the causes and on the date stated above.		
23A. SIGNATURE Alber L. Pichorsky	23B. ADDRESS 2939 The Elmhurst	23C. DATE SIGNED 2/7/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 8, 1951	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave. Balto., Md.		

DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR Charles S. Zeiler	ADDRESS 901 S. Conkling St.
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VS 150

76342

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107

MEDICAL CERTIFICATION

[Faint, mostly illegible handwriting at the top of the page, possibly containing a date and a name.]

[A large section of very faint, illegible handwriting in the middle of the page.]

[Handwritten text at the bottom of the page, including:]
2939 McElroy St
1500 N. Elmwood Ave
Chicago, Ill.
4/11/11
[There is also a signature or name written above the address.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1184
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK-M. KENDALL.

2. DATE
OF
DEATH

Feb. 5-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

535- S. Longwood St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write R.U.M.T. and give township)

20-06

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

535- S. Longwood St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June-16-1895

9. AGE (In years last birthday)

55

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Chauffeur - Radford & Sanders Lumber Co.

10B. KIND OF BUSINESS OR INDUSTRY

Chauffeur - Radford & Sanders Lumber Co.

11. BIRTHPLACE (State or foreign country)

Towson, - Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Castner Kendall

14. MOTHER'S MAIDEN NAME

Mattie Wales

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES - World War No. 1

16. SOCIAL SECURITY NO.

215-65-8626

17. INFORMANT

Mrs. Sophie V. Kendall; 535- S. Longwood St.

ADDRESS

18. **420.1**

215-65-8626

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Occlusion**

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardio-Vascular Disease**

2 yrs

QUE TO

(C) **Raynaud's Disease**

26 Months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/19** to **2/5**, **1951**, that I last saw the deceased alive on **2/3**, **1951**, and that death occurred at **4:12** p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edith W. W. W.

23B. ADDRESS

3432 Frederick Ave

23C. DATE SIGNED

2/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 9-1951

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cemetery

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 7 - 1951

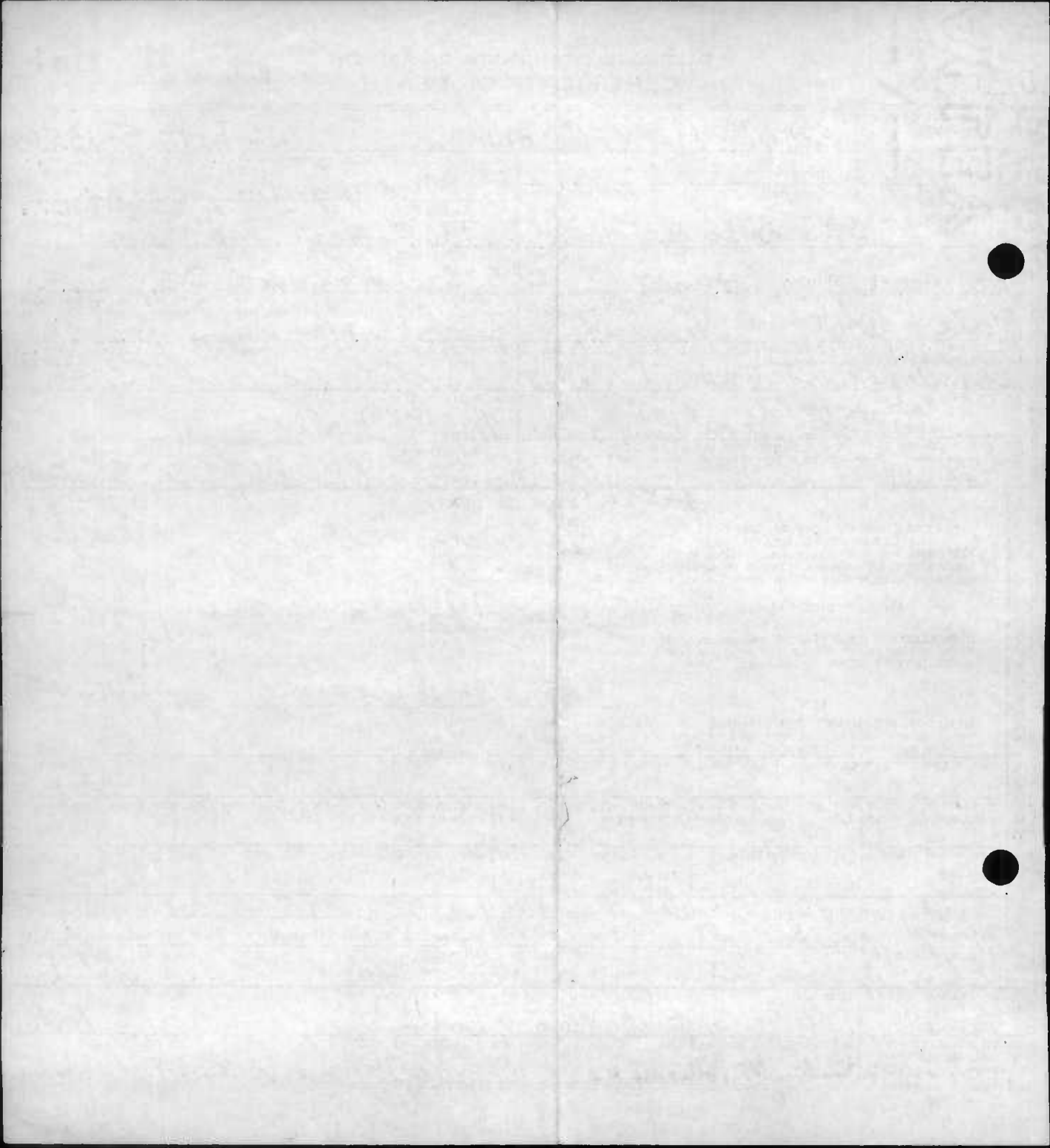
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Charles J. Schwab - 3512 Frederick Ave

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1185
Registered No. _____

252
200
51 1185

1. NAME OF DECEASED (Type or Print) Rosalie Ciechanowicz Or Chiechanski Or (Chase)		2. DATE OF DEATH Feb, 7-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1813 Fleet St/		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION at Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-51	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1813 Fleet Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct, 20-1883 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10B. KIND OF BUSINESS OR INDUSTRY Langralls Packing Co.	9. AGE (In years last birthday) 67 ?
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Michael Mazewski		14. MOTHER'S MAIDEN NAME Clara ??	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 219-01-4342	
17. INFORMANT Mary Kalaczynski		ADDRESS 1813 Fleet Street	

MEDICAL CERTIFICATION

IB. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) cerebral Hemorrhage DUE TO (B) chr - arterio - sclerosis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 2 days 7
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 5, 1951**, to **Feb 7, 1951**, that I last saw the deceased alive on **Feb 6, 1951**, and that death occurred at **7:30 Am.**, from the causes and on the date stated above.

23A. SIGNATURE H. J. David	23B. ADDRESS 3218 Eastern ave	23C. DATE SIGNED 2-7-51
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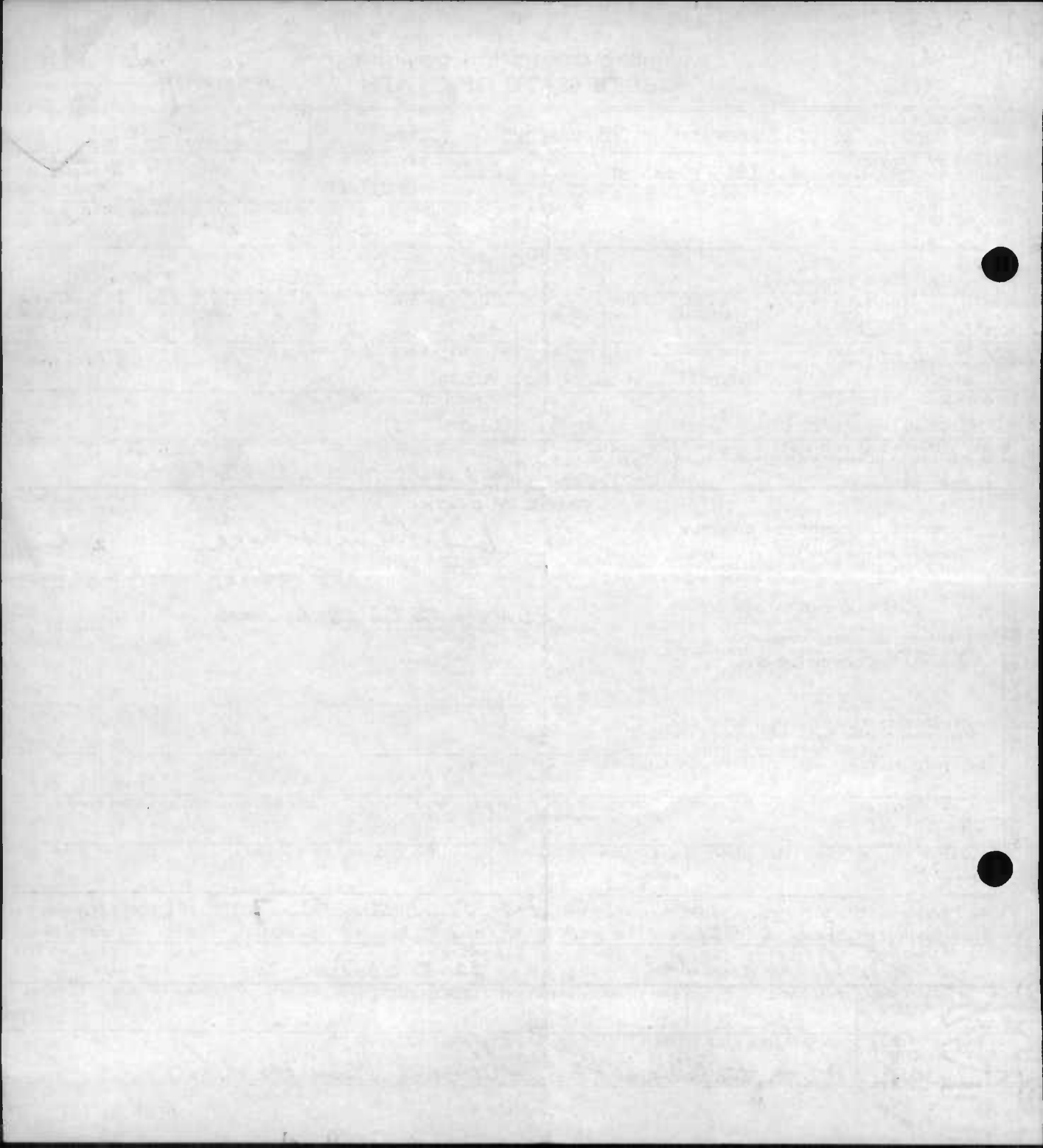
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb, 10-1951	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR FEB 7-1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR George A. Weber	ADDRESS 705 S. Ann St
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VS 150

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1186
Registered No.

BIRTH NO. 536 1186

1. NAME OF DECEASED (Type or Print) ELIZABETH MINTER		2. DATE OF DEATH February 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1813 Etting Street		14-03	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17, 1915
9. AGE (in years last birthday) 35		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mr. Edward Minter Etting St.		ADDRESS 1713	

18. 401.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Woods		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-8-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Wm. J. Francis & Co. H. Hunsley		ADDRESS 578 W. Biddle St.

OF DEATH

522158
51 1187
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1187
Registered No.

1. NAME OF DECEASED (Type or Print) William Hutson		2. DATE OF DEATH 2-4-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-13	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX M		6. COLOR OR RACE N	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1-1883	
9. AGE (in years last birthday) 68		10. UNDER 1 Year Months: Days: 68	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Smith Hutson		14. MOTHER'S MAIDEN NAME Susanna ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 217-13-3415A		16. SOCIAL SECURITY NO.	
17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 2 hours
DUE TO Coronary Arteriosclerosis		10 years
DUE TO Generalized Arteriosclerosis		10 Years

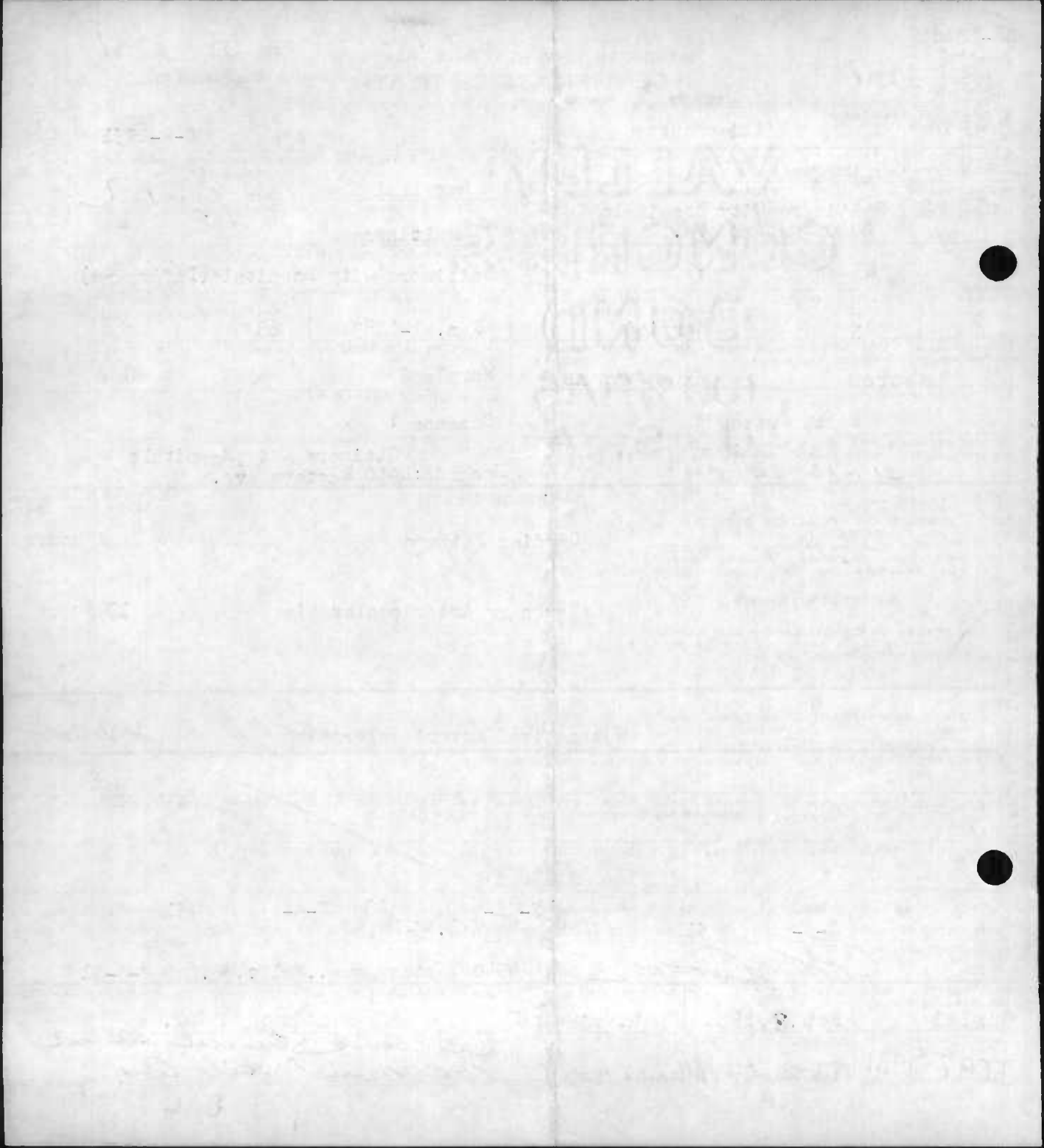
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **7-28**, 1948 to **2-4**, 1951, that I last saw the deceased alive on **2-4**, 1951, and that death occurred at **4:45 PM**, from the causes and on the date stated above.

23A. SIGNATURE W. J. Rogers M. D.		23B. ADDRESS 4940 Eastern Ave., Balto, Md.		23C. DATE SIGNED 2-5-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 8, 1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 7-1951	REGISTRAR'S SIGNATURE W. J. Rogers		25. FUNERAL DIRECTOR W. J. Rogers	

97035 1000118094a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1188
Registered No.

400
BIRTH NO. 1188

1. NAME OF DECEASED (Type or Print) AUBREY CALLOWAY		2. DATE OF DEATH February 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 10 S. Bond Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 3, 1919
9. AGE (In years last birthday) 31		10. UNDER 1 YEAR Months: _____ Days: _____	11. UNDER 24 HOURS Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour SS Young Co.		10B. KIND OF BUSINESS OR INDUSTRY TANNER	
11. BIRTHPLACE (State or foreign country) Va		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Elijah Calloway		14. MOTHER'S MAIDEN NAME Bliss Massey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Ethel Miles		ADDRESS 1300 St Matthews St	

18. 353.3 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Idiopathic epilepsy (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

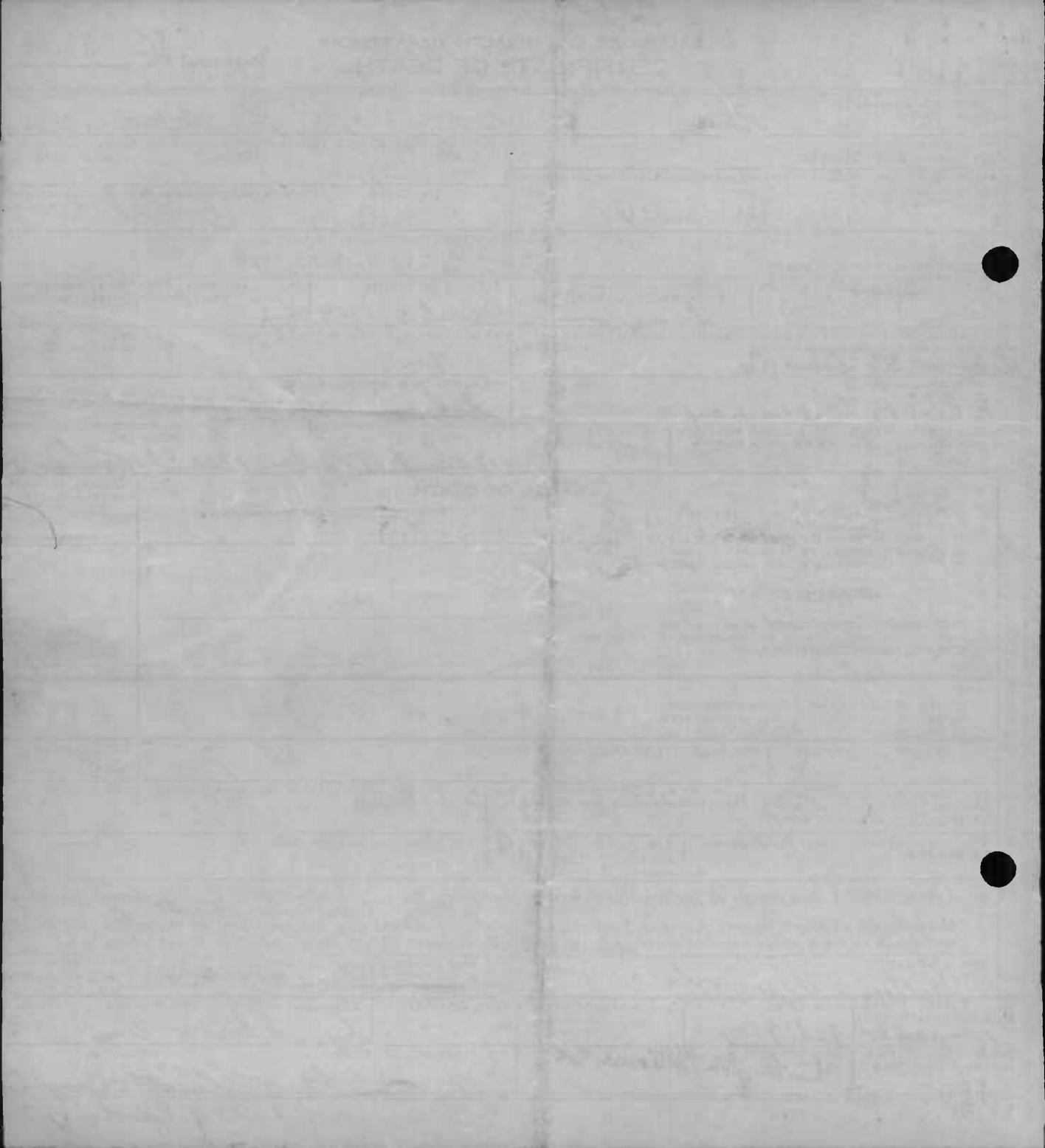
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Feb. 7/51		24C. NAME OF CEMETERY OR CREMATORY Lynchburg Va	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Mrs. Robt H. Elliott & Daughters			
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1951		REGISTRAR'S SIGNATURE Hunter for Williams, M.D.		ADDRESS 1129 N. Carolina St	

V S 151

9704V

1129 N. Carolina St
85

MEDICAL CERTIFICATION



536
1189

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1189

1. NAME OF DECEASED (Type or Print) MARCELLUS ANDREWS		2. DATE OF DEATH FEB 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-2		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JARRATT	
5. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) RT 2 BOX 69, SUSSEX COUNTY	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-11-04
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 46
13. FATHER'S NAME Joseph Andrews		11. BIRTHPLACE (State or foreign country) Sussex Co. Va. U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 7		17. INFORMANT JOHNS HOPKINS HOSPITAL	

18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOLE NEPHROSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 2 Mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSION		1-2 YR.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

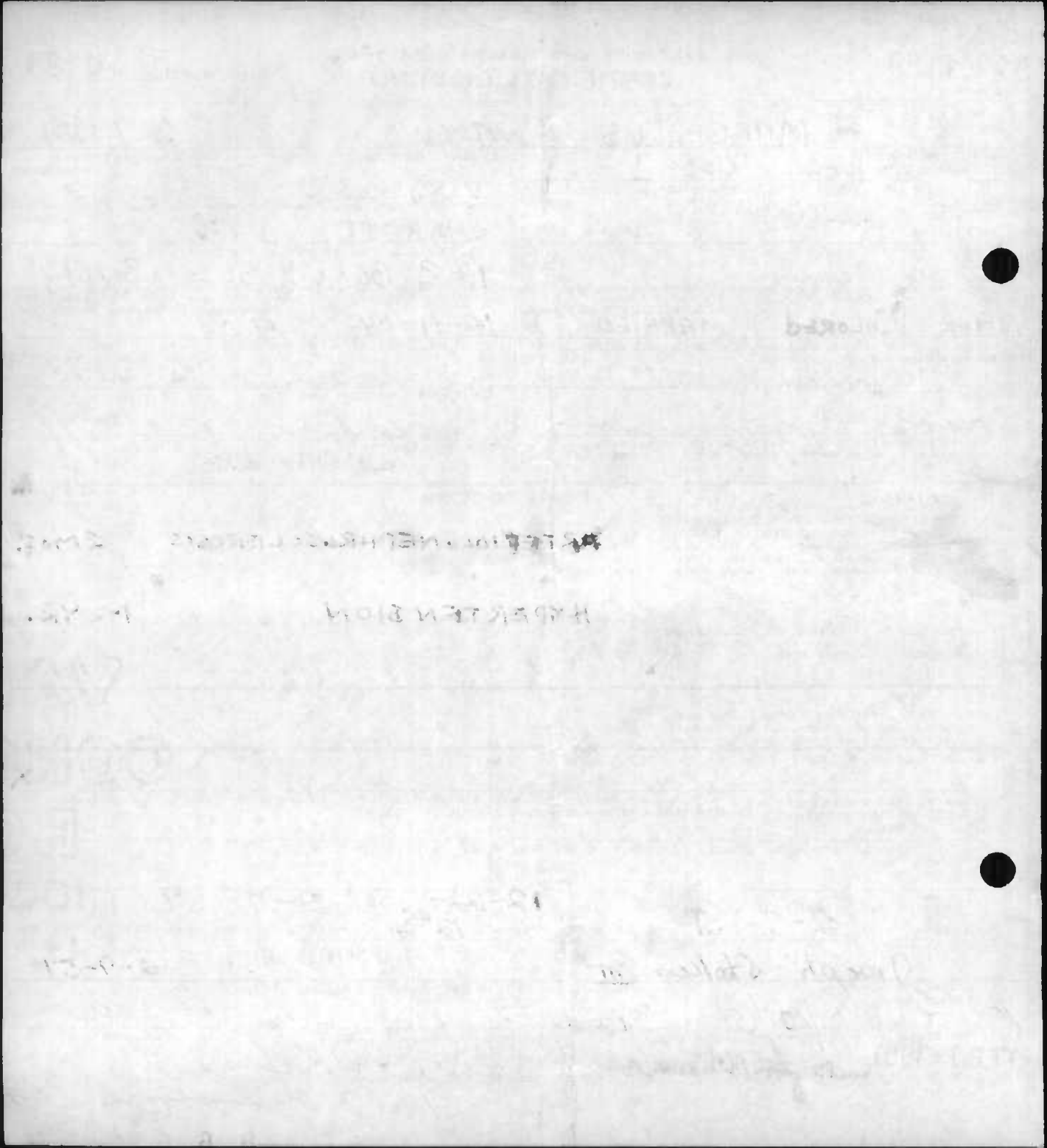
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-22-1950 to 2-7-1951 , that I last saw the deceased alive on 2-7-1951 , and that death occurred at 1245 A.M., from the causes and on the date stated above.				
23A. SIGNATURE Joseph Stokes III M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2-7-51

24A. BURIAL CREMATION REMOVAL (Specify) Burial	24B. DATE 2/10/51	24C. NAME OF CEMETERY OR CREMATORY Jarrett, 1	24D. LOCATION (City, town, or county) (State) Jarrett, Va.
DATE RECEIVED BY REGISTRAR'S SIGNATURE FEB 7-1951		25. FUNERAL DIRECTOR'S ADDRESS 1303 Pressman St	

MEDICAL CERTIFICATION

10010

1303 Pressman St
1310



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

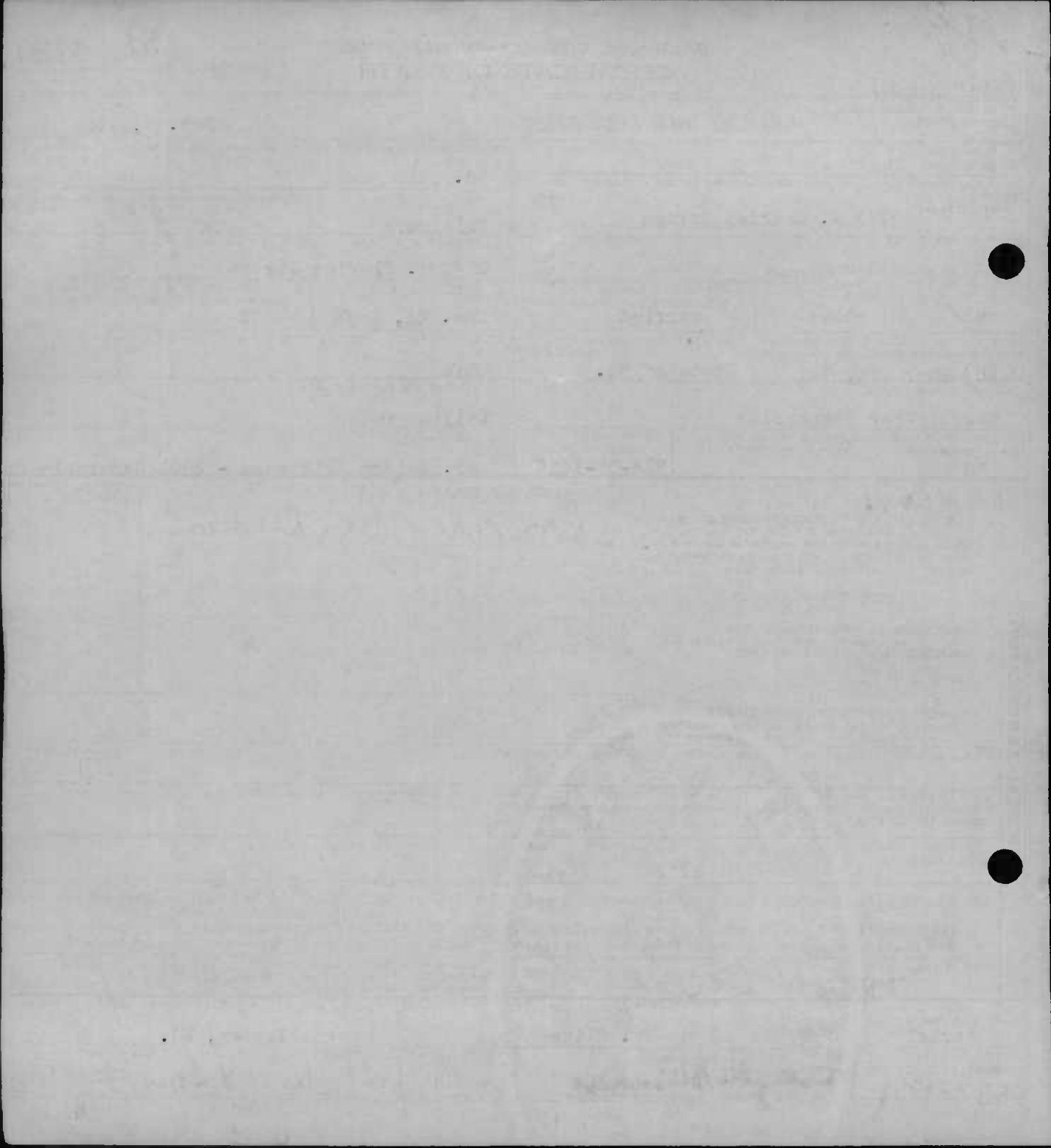
51 1190
Registered No.

BIRTH NO. 1190

1. NAME OF DECEASED (Type or Print) CHARLES DALE SIEGCHRIST			2. DATE OF DEATH Feb. 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2742 N. Charles Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2742 N. Charles Street			5. AGE (In years last birthday) 62 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 21, 1888		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adjuster City Tax			11. BIRTHPLACE (State or foreign country) Ohio		
10B. KIND OF BUSINESS OR INDUSTRY State of Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Christopher Siegchrist			14. MOTHER'S MAIDEN NAME Lillian Dale		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-09-1625	17. INFORMANT ADDRESS Mr. Weldon Wilkinson - 3801 Cedardale Rd		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE John R. Davis		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR 3/7/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/9/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Olive	
24D. LOCATION (City, town, or county) (State) Randallstown, Md.					

DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1951		REGISTRAR'S SIGNATURE Wm. J. Lickner & Sons - Balto		25. FUNERAL DIRECTOR ADDRESS Wm. J. Lickner & Sons - Balto	
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450

1191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1191

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. William Killian

2. DATE
OF
DEATH

2-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Bon Secours Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

before admission)

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balti. P. -

7. STREET ADDRESS (If rural, give location)

1619 Abbott St.

8. Length of stay in Baltimore

63

Yrs.
Mos.
Days

9. SEX

Male

10. COLOR OR RACE

White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

12. DATE OF BIRTH

July 1887

13. AGE (In years last birthday)

63

14. Under 1 Year

Months: Days

15. Under 24 Hours

Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

17. KIND OF BUSINESS OR INDUSTRY

House Painting

18. FATHER'S NAME

John Killian

CONAT.

19. MOTHER'S MAIDEN NAME

Katherine Bonrad

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

World War 1

21. SOCIAL SECURITY NO.

None

22. INFORMANT

Thomas Killian 1619 Abbott St

23. ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterial hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5 1951, to 2-5 1951, that I last saw the deceased alive on 2-5 1951, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-9-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

[Signature]

FEB 7 - 1951

VS 150

56424

94a

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1192

Registered No. _____

632
51 1192

1. NAME OF DECEASED (Type or Print) <u>Curtis, Edward</u>		2. DATE OF DEATH <u>February 6, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>1303</u>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>2253 Fulton Ave.</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 11, 1890</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Scarlett Co.</u>	9. AGE (In years last birthday) <u>60</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>James Curtis</u>		14. MOTHER'S MAIDEN NAME <u>Cornelia ?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>217-09-8758</u>	
17. INFORMANT <u>Samie Curtis</u>		ADDRESS <u>2253 N. Fulton Ave.</u>	

1B. <u>202.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Chronic Lymphoma</u>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Arteriosclerotic heart disease</u>		

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 15, 1951, to February 6, 1951, that I last saw the deceased alive on Feb. 6, 1951, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

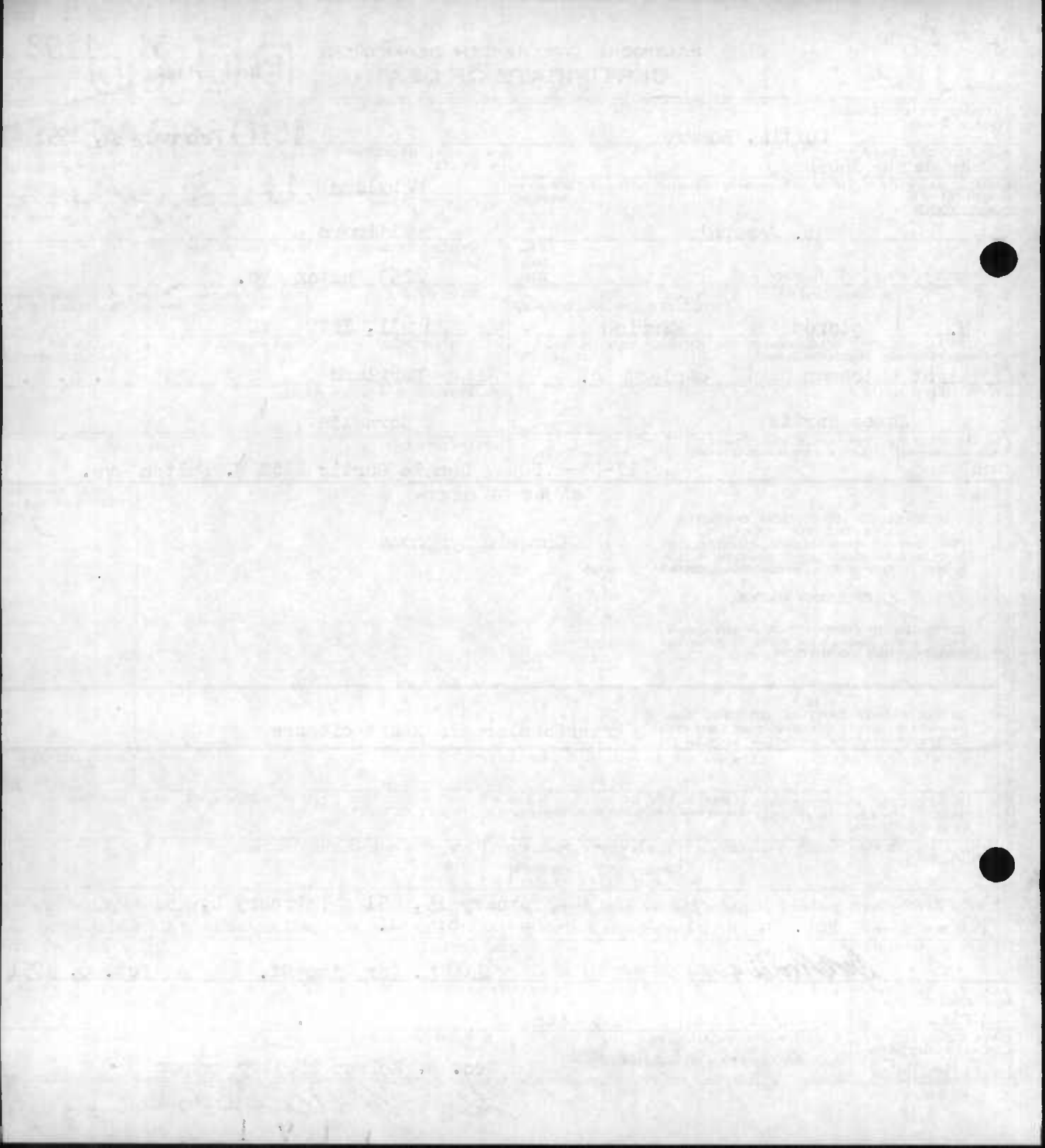
23A. SIGNATURE <u>Jose Rodriguez Vega</u>	23B. ADDRESS <u>1100 N. Caroline St.</u>	23C. DATE SIGNED <u>Feb. 6, 1951</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>2/11/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24D. LOCATION (City, town, or county) (State) <u>Md.</u>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 8 - 1951</u>	REGISTRAR'S SIGNATURE <u>William H. Williams</u>	25. FUNERAL DIRECTOR <u>Geo. G. Kelson</u>	ADDRESS <u>1303 Presston St.</u>
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76364 Geo. G. Kelson 55E

MEDICAL CERTIFICATION



456-145452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1193
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred Gilmore

2. DATE
OF
DEATH

Feb. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1918 Etting Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

Aug. 4, 1910

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Titus Brown

(D)

14. MOTHER'S MAIDEN NAME

Susie Woodland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 441X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Uremia

(A)
DUE TO

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Malignant Hypertension

More than
one year

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Heart Disease

More than
One Year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1-28, 1951, to 2-6, 1951, that I last saw the
deceased alive on 2-6, 1951 and that death occurred at 5:15A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2/9/51

24C. NAME OF CEMETERY OR CREMATORY

St Peters

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

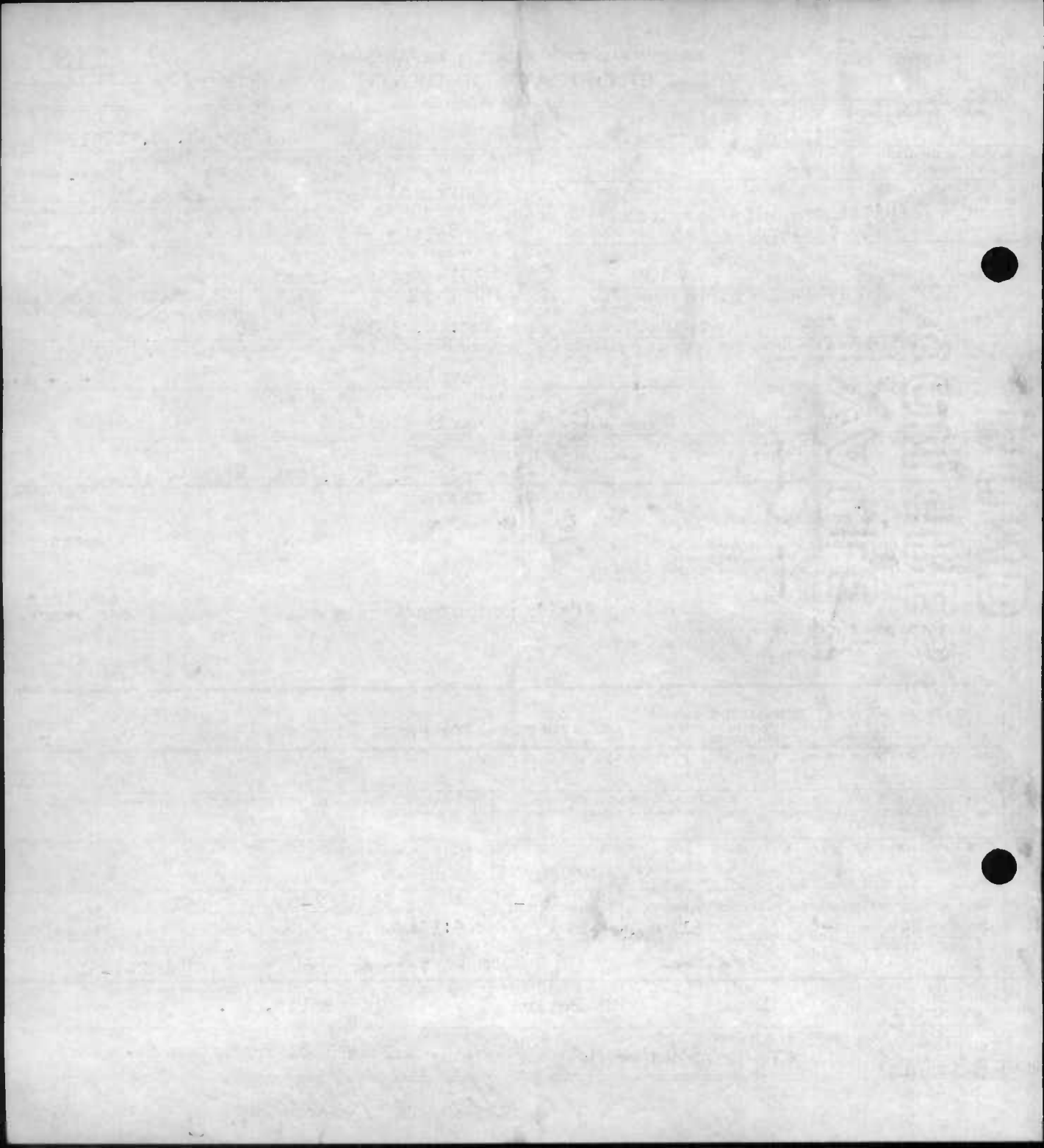
ADDRESS

FEB 8 - 1951

VS 150

Geo. G. Kelson 93D

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1194**

BIRTH NO. **57-02527**

1. NAME OF DECEASED (Type or Print) REGINA SHARPE		2. DATE OF DEATH February 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1344 Stricker Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/4/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) Months Days 15
13. FATHER'S NAME Wm Sharpe		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Catherine Blackwell	
17. INFORMANT		ADDRESS Wm Sharpe 1344 N. Stricker St.	

MEDICAL CERTIFICATION

18. 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , <u>accident</u> <input type="checkbox"/> , <u>suicide</u> <input type="checkbox"/> , <u>homicide</u> <input type="checkbox"/> , <u>undetermined</u> <input type="checkbox"/> .		
23A. SIGNATURE <i>William V. Lovett</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Feb. 5, 1951
24A. BURIAL, CREMATION, REMOVAL Burial	24B. DATE 2/8/51	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn
		24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1951	REGISTRAR'S SIGNATURE <i>William V. Lovett</i>	25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.	ADDRESS
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Geo. G. Kelson
107

250
51 1195
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1195

1. NAME OF DECEASED (Type or Print) <i>Annie Jackson</i>		2. DATE OF DEATH <i>February 6, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-02</i>	
D. STREET ADDRESS (If rural, give location) <i>1106 Stricker St.</i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>Colored</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>6-8-85</i>		9. AGE (In years last birthday) <i>65</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State, or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Abraham Thrent</i>		14. MOTHER'S MAIDEN NAME <i>Millie Cheese</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>010X I</i> <i>Meningitis</i>	CAUSE OF DEATH (A) <i>Meningitis</i> DUE TO (B) <i>Mycobacterium tuberculosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1-28, 1951*, to *2-6, 1951*, that I last saw the deceased alive on *2-6, 1951*, and that death occurred at *9:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Victor A. McTearle</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/7/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-10-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Petersburg, Virginia</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR <i>Mr. Frances A. Hendley</i> ADDRESS <i>178 W. Biddle St.</i>	

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Handwritten notes, possibly bleed-through from the reverse side of the page. The text is faint and mostly illegible due to the quality of the scan and the nature of the handwriting.

165

51 1196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1196
Registered No.

1. NAME OF DECEASED (Type or Print) Dr. MORRIS ABRAMOVITZ		2. DATE OF DEATH 2-7-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1705 East Baltimore St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1705 E. Baltimore St		E. Yrs. 50 Mos. 2 Days	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) married	9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Lith		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Yehuda		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Pauline Abramovitz - same	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident	CAUSE OF DEATH Cerebrovascular accident	INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis & Hypertension	(A) Arteriosclerosis & Hypertension	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Residual, left hemiplegia	(B) Residual, left hemiplegia	3 yrs

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/6** 19**51**, to **2/7**, 19**51**, that I last saw the deceased alive on **2/6**, 19**51**, and that death occurred at **9:30** a. m., from the causes and on the date stated above.

23A. SIGNATURE **Charles J. Black** M. D. 23B. ADDRESS **101 E. Biddle St** 23C. DATE SIGNED **2/7/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-8-51	24C. NAME OF CEMETERY OR CREMATORY United Hebrew	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis Inc	ADDRESS 2100 Cutters Pt

075865

83a

11. 10. 1916

For my father

My dear father

I have been thinking of you very much lately

and wondering how you are getting on

I hope you are well and happy

150
51 1197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1197
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ISRAHAEL RUBIN		2. DATE OF DEATH 2-7-57	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4137 Fairview Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-09			
c. Length of stay in Baltimore 45 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 4137 Fairview Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Alex Rubin ADDRESS Home	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arteriosclerosis DUE TO	5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Chronic myocardial failure	4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-6-1940**, to **2-7-1957**, that I last saw the deceased alive on **2-7-1957**, and that death occurred at **8 PM**, from the causes and on the date stated above.

23a. SIGNATURE S. C. Feldman	23b. ADDRESS 1440 G. Balto M	23c. DATE SIGNED 2/8/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-8-57	24c. NAME OF CEMETERY OR CREMATORY Rosedale	24d. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1957	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Centard Pl

83a

MEDICAL CERTIFICATION

Feldman
14408 Bate St
9 AM

425

1198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

1198

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Gilbert Collison

2. DATE
OF
DEATH

2/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEUnion Memorial Hosp
33rd + Calverton Ave4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

3921 Roland Ave

C. Length of stay in Baltimore

Yrs
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 18, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Surgical Engineering

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward C Collison

14. MOTHER'S MAIDEN NAME

Frances Bleckhoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harriett M. Collison 3921 Roland Ave

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebrovascular accident 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

F. J. Edmunds

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

2/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1951

W. J. Williams, M.D.

Funerary E. Sonovan 3818 Roland Ave.

VS 150

5833W

83a

MEDICAL CERTIFICATION

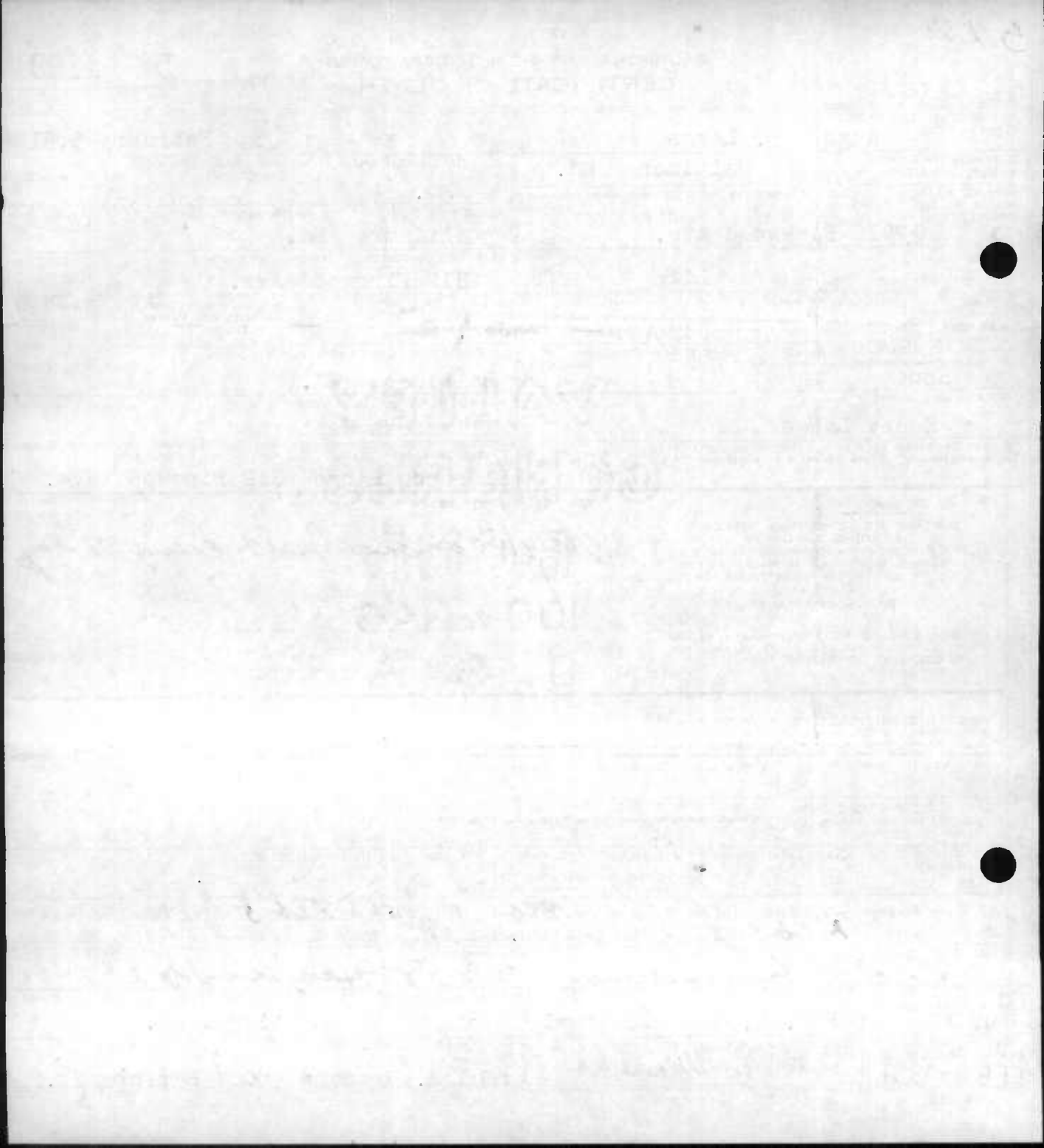
520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1199

BIRTH NO. 51 1199

1. NAME OF DECEASED (Type or Print) August H. Lange			2. DATE OF DEATH February 5, 51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2812 Pinewood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2812 Pinewood Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Jan. 6		9. AGE (In years last birthday) 94
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Lange			14. MOTHER'S MAIDEN NAME Elizebeth Westerman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Florence Lange 2812 Pinewood Ave.		
18. 422.21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial infarction 7 days CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1, 1951 to Feb 5, 1951 , that I last saw the deceased alive on Feb 5, 1951 and that death occurred at 9 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Ed. J. Zimmerman, M.D.		23B. ADDRESS 2855 Harford Rd.		23C. DATE SIGNED 2-7-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 8, 51		24C. NAME OF CEMETERY OR CREMATORY Immanuel	
24D. LOCATION (City, town, or county) (State) Baltimore Md.					
DATE RECEIVED BY LOCAL REGISTRAR FEB 8-1951		REGISTRAR'S SIGNATURE W. J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Paul A. Heemann 6067 Harford Rd.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1200
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LIEBERN A. BRAGG		2. DATE OF DEATH February 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenarm	
D. STREET ADDRESS (If rural, give location) Route No. 2		5. LENGTH OF STAY IN BALTIMORE 5300	
6. SEX Male	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. DATE OF BIRTH Sept 30 - 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Ballard Bragg		14. MOTHER'S MAIDEN NAME Georgia Moss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Samuel Bragg		ADDRESS Glenarm End.	

18. E 816.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Contusion and laceration of brain		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Belair Road near Big Gun Powder Bridge		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 4, 1951 6:30P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Auto and auto collision		

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 8 - 1951	24C. NAME OF CEMETERY OR CREMATORY Fork M. Carr	24D. LOCATION (City, town, or county) (State) Fork Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1951		REGISTRAR'S SIGNATURE William V. ...		25. FUNERAL DIRECTOR C. E. Arthur
				ADDRESS Fork Md.

V S 151

N-813.2

97098 0001199 170C

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1201

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herbert J. Brown

2. DATE
OF
DEATH

5 Feb. '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

27-10

D. STREET ADDRESS (If rural, give location)

521 Chateau Rd.

5. SEX

M

6. COLOR OR RACE

Wht

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/12/98

9. AGE (in years
last birthday)

52

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanics - Superior Automobile

10B. KIND OF BUSINESS OR
INDUSTRY

Automobile

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

David Kotmair

14. MOTHER'S MAIDEN NAME

Mamie Dreisch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Marie Brown

ADDRESS

Same ✓

18. 491X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebrovascular Accident

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1951, to 2/5, 1951, that I last saw the
deceased alive on 2/5, 1951, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul F. Richardson

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

2/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/9/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Frederick Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Frank H. Newell, Pikesville, Md.

FEB 8 - 1951

WILLY

BRAND

GOOD

U.S.A.

263
1202CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5-9-57

51 1202

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY X L. LEGOURD		2. DATE OF DEATH February 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville D. STREET ADDRESS (If rural, give location) 802 Edmondson Avenue 219 PRESTON COURT	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 6, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUDITOR		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.	9. AGE (in years last birthday) 74 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
13. FATHER'S NAME (Unknown) Legourd		14. MOTHER'S MAIDEN NAME Sally Small	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Patricia Medley - 219 Preston Court

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis Myocardial infarct II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
---	--

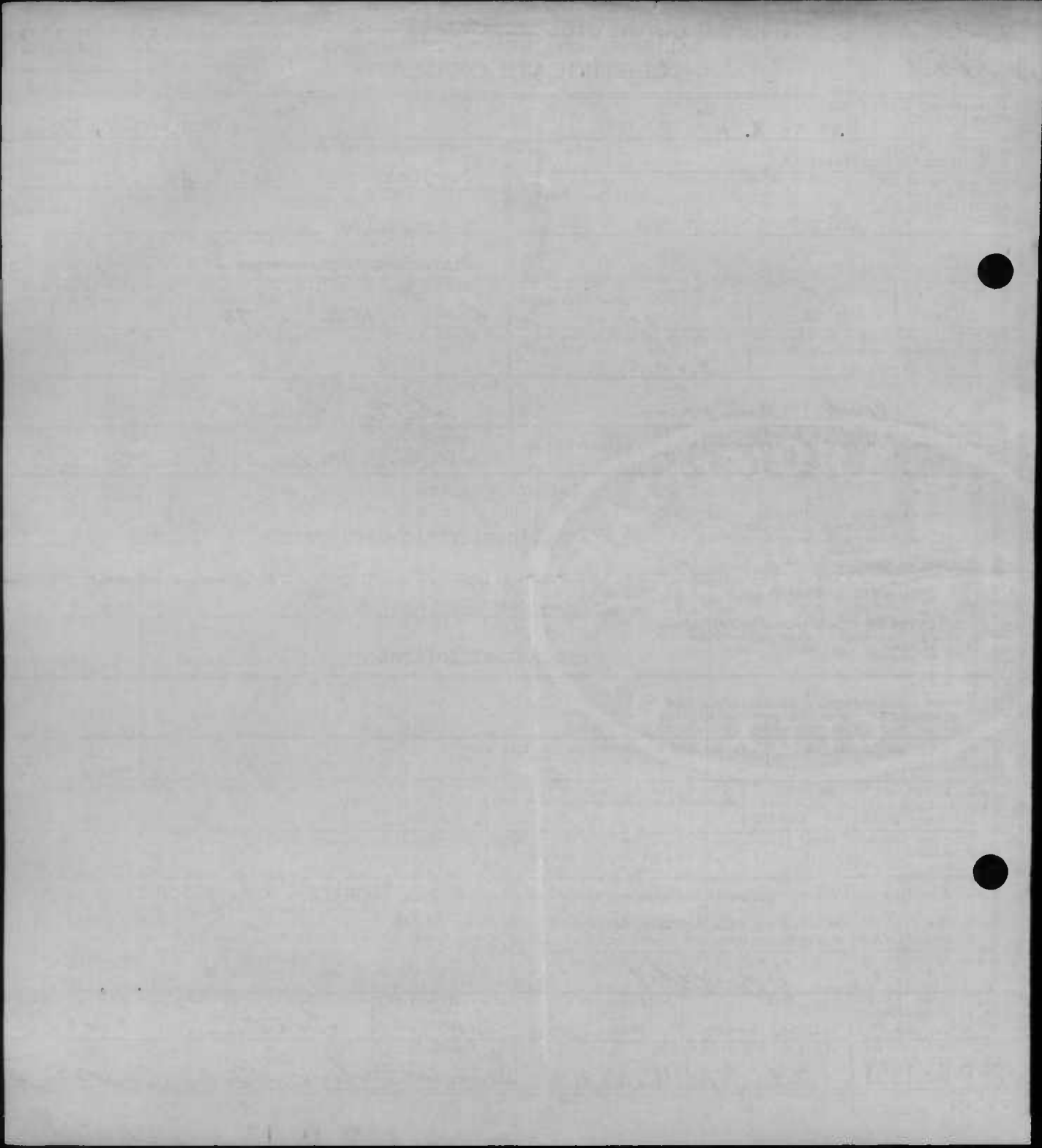
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE **William Wood** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Feb. 7, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2-10-51** 24C. NAME OF CEMETERY OR CREMATORY **Landon Park** 24D. LOCATION (City, town, or county) (State) **Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 8 - 1951** REGISTRAR'S SIGNATURE **William Wood** 25. FUNERAL DIRECTOR **George A. Foley, Fulton Ave & Fayette St** ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARVIN G. DOVE

2. DATE
OF
DEATH

January 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1524 Clark Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6/22/1950

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
7 1
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

K

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 491X I W N

CAUSE OF DEATH N

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 23, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1951

VS 151

107

CERTIFICATE OF DEATH

Form No. 1

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>		<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>		<p>5. Time of death: _____</p>		<p>6. Place of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Immediate cause: _____</p>		<p>9. Underlying cause: _____</p>	
<p>10. Signature of physician: _____</p>		<p>11. Signature of registrar: _____</p>		<p>12. Signature of witness: _____</p>	
<p>13. Date of certificate: _____</p>		<p>14. Time of certificate: _____</p>		<p>15. Place of certificate: _____</p>	

360
51 1204
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1204
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN W. STROH			2. DATE OF DEATH 2-6-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-05		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4025 PENNINGTON AVE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 12, 1907	9. AGE (In years last birthday) 43	10. Under 1 Year Months: Days 10. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOLICITOR		10B. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FREDERICK G. STROH			14. MOTHER'S MAIDEN NAME CATHERINE MCKELDEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS MARGARET STROH 4025 PENNINGTON AVE		

18. 420.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Hypertensive CVD Cardiac enlargement Anginal syndrome Hypertensive retinopathy (B) Hypertensive retinopathy (C) Hypertensive retinopathy	INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
--	---	---

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-2-**, 19**49**, to **11-21-**, 19**50**, that I last saw the deceased alive on **11-21-**, 19**50**, and that death occurred at **11:10 P.** m., from the causes and on the date stated above.

23A. SIGNATURE William F. Denny, Inc.	23B. ADDRESS M. D. 803 Cathedral St	23C. DATE SIGNED 2-7-51
---	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.	24B. DATE 2/10/51	24C. NAME OF CEMETERY OR CREMATORY MEADOWRIDGE	24D. LOCATION (City, town, or county) (State) WASHINGTON BLVD.
DATE RECEIVED BY LOCAL REGISTRAR FEB 8-1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 LIGHT ST -30	

Dr. Waghelstein

803 Cathedral

4th floor.

Until 4 PM

516
1205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1205

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALVATORE V. LOMBARDI

2. DATE OF DEATH Feb. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

106 W. Montgomery St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

MAY 30, 1902

9. AGE (In years last birthday)
48

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
TAVERN KEEPER

10B. KIND OF BUSINESS OR INDUSTRY
TAVERN

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ANGELO LOMBARDI

14. MOTHER'S MAIDEN NAME

MARY LOMBARDI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

BAMBINA LOMBARDI 106 E. MONTGOMERY ST.

18. E 817.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple fractures and contusions

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of the skull

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Patapsco St., 45' West of 10th St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 7, 1951 abt. 2:30 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/12/51

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTO., MD.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOHN F. DENNY, INC. 715 LIGHT ST.

ADDRESS

V. T

MAY 30, 1902

ITALY

MARY LOMBARDI

MARRIED

TAVERNI

TAVERNI

MARY LOMBARDI

MARY LOMBARDI

6/11/21 MAY 1902

John Lombardi

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1206
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Smith

2. DATE
OF
DEATH

2-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3317 Sun Street zone 26

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

1-1-1

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or no known) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

Unknown

DUE TO Nephrosclerosis

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Uremia

1 week

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-29-1951 to 2-1-1951, that I last saw the deceased alive on 2-1-1951, and that death occurred at 3.10 PM, from the causes and on the date stated above.

23A. SIGNATURE

R. J. Oger

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

2-5-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

2/8/51

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn Ct

24D. LOCATION (City, town, or county)

Balto City

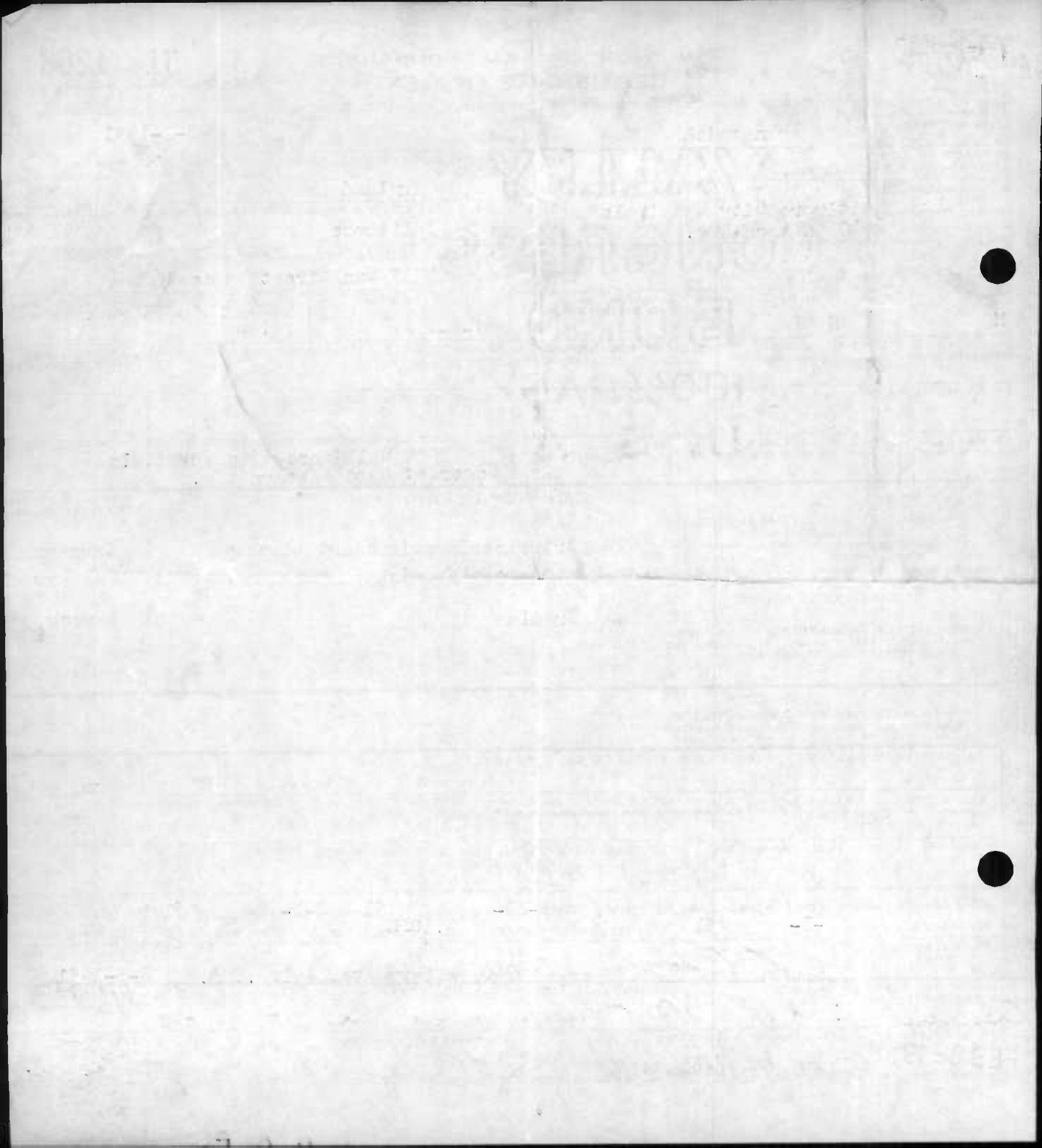
(State)

FEB 8 - 1951

Montgomery Williams, Jr.

J. L. Brown & Son Montgomery St

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 1207

BIRTH NO. 325

1. NAME OF DECEASED
(Type or Print) MRS. LILLIE S. WATSON

2. DATE OF DEATH 2-7-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

Length of stay in Baltimore About 48 Yrs. None Mos. None Days

D. STREET ADDRESS (If rural, give location)
1118 Haverhill Road (29)

5. SEX Female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH 2-11-1887 9. AGE (In years last birthday) 63 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10B. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country)
Prince Georges Co., Md. 12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME
GEORGE TAYLOR

14. MOTHER'S MAIDEN NAME
MARY BOSWELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

17. INFORMANT ADDRESS
Mrs. Gertrude L. Pruz - (Daughter) Same

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anterior Myocardial Infarction
DUE TO Cerebral Edema

INTERVAL BETWEEN ONSET AND DEATH
2-5-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis
DUE TO

2-7-51

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2-5-51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1951, to 2-7, 1951, that I last saw the deceased alive on 2-7, 1951, and that death occurred at 1:30 m., from the causes and on the date stated above.

23A. SIGNATURE Antoni Nowinski

23B. ADDRESS St. James Hosp

23C. DATE SIGNED 2-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE Feb. 9/51

24C. NAME OF CEMETERY OR CREMATORY
Landon Park Cem.

24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
William M. Williams

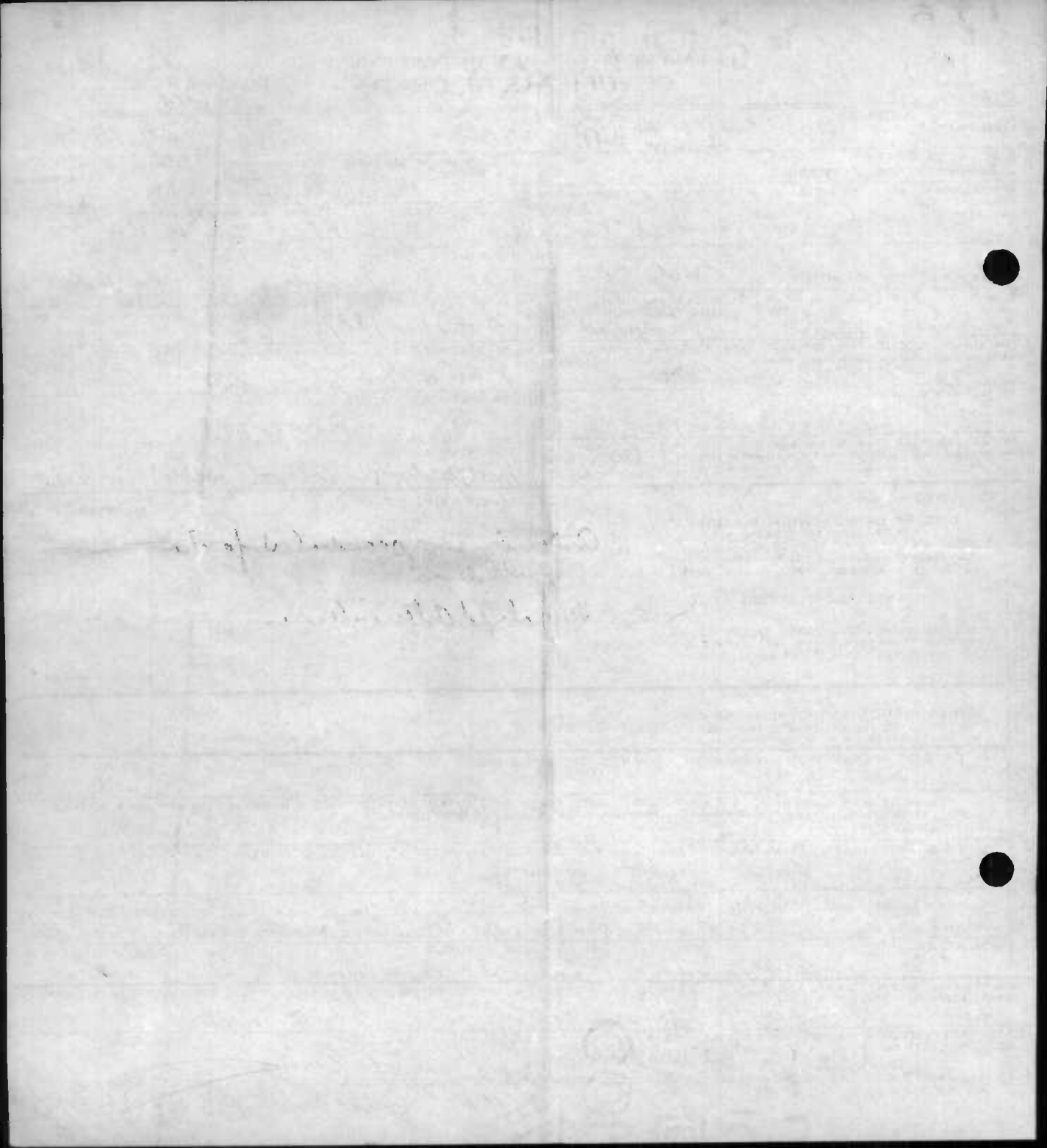
25 FUNERAL DIRECTOR
Edward Evans

ADDRESS

VS 150

14005 Charles St Balto 30, Md 94a

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1208
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOLORES M. DAVIS

2. DATE OF DEATH Feb. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4415 Washington Blvd.

Length of stay in Baltimore 33 yrs

6. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH Feb. 8, 1916

9. AGE (In years last birthday) 34
If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Press operator

10B. KIND OF BUSINESS OR INDUSTRY
Gordon Saitons

11. BIRTHPLACE (State or foreign country)
Balt

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME
Harry Harper

PAPER COMPANY

14. MOTHER'S MAIDEN NAME
Julia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
No

16. SOCIAL SECURITY NO.
No

17. INFORMANT ADDRESS
Robert Davis 4415 Washington Blvd

18. E819.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

DUE TO

Crushing injury of chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
3400 block Washington Blvd.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Feb. 5, 1951 8:02 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Auto into telephone pole

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE
Stanley H. Dureacher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....
23C. DATE SIGNED
Feb. 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE
Feb. 9, 1951

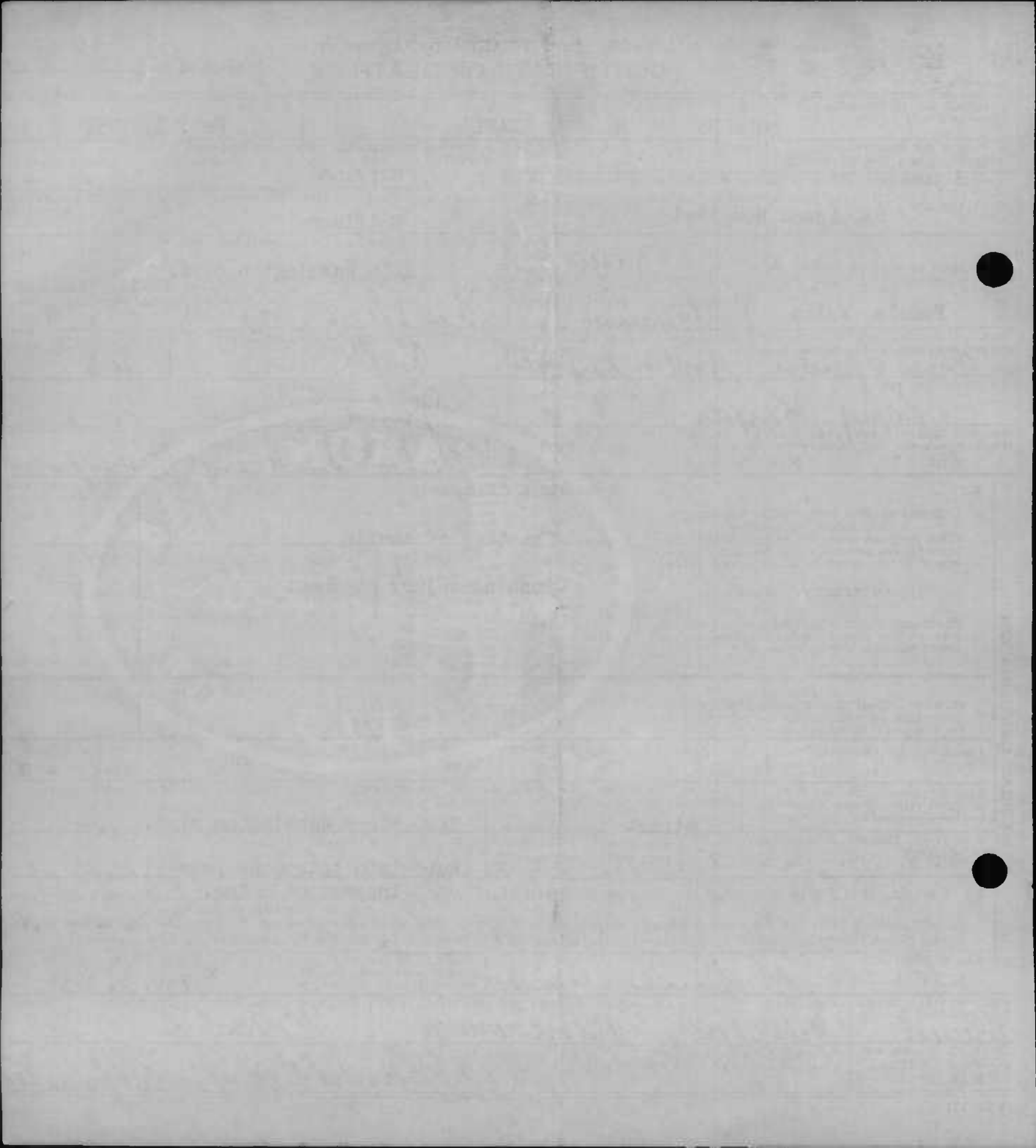
24C. NAME OF CEMETERY OR CREMATORY
Meadowridge

24D. LOCATION (City, town, or county) (State)
Howard Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR
FEB 8 - 1951

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR ADDRESS
A. Howard Evans 1400 S. Charles St.



51 1209 52

OAK JONES

51 1209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Selen Anna Oakjones</i>			2. DATE OF DEATH <i>Feb 7, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2805 Carroll St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>62</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>62</i> Yrs. <i>25-52</i> Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2805 Carroll St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 28, 1884</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		
11. BIRTHPLACE (State or foreign country) <i>Lithuania</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Rauba</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>George M. Oakjones</i>			ADDRESS <i>2004 Letitia</i>		

18. <i>443X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Thrombosis, cerebral, multiple</i>	<i>6 wks</i>
ANTECEDENT CAUSES	(B) <i>Hypertensive cardio-vascular disease</i>	<i>Years</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Diabetes mellitus</i>	<i>3 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

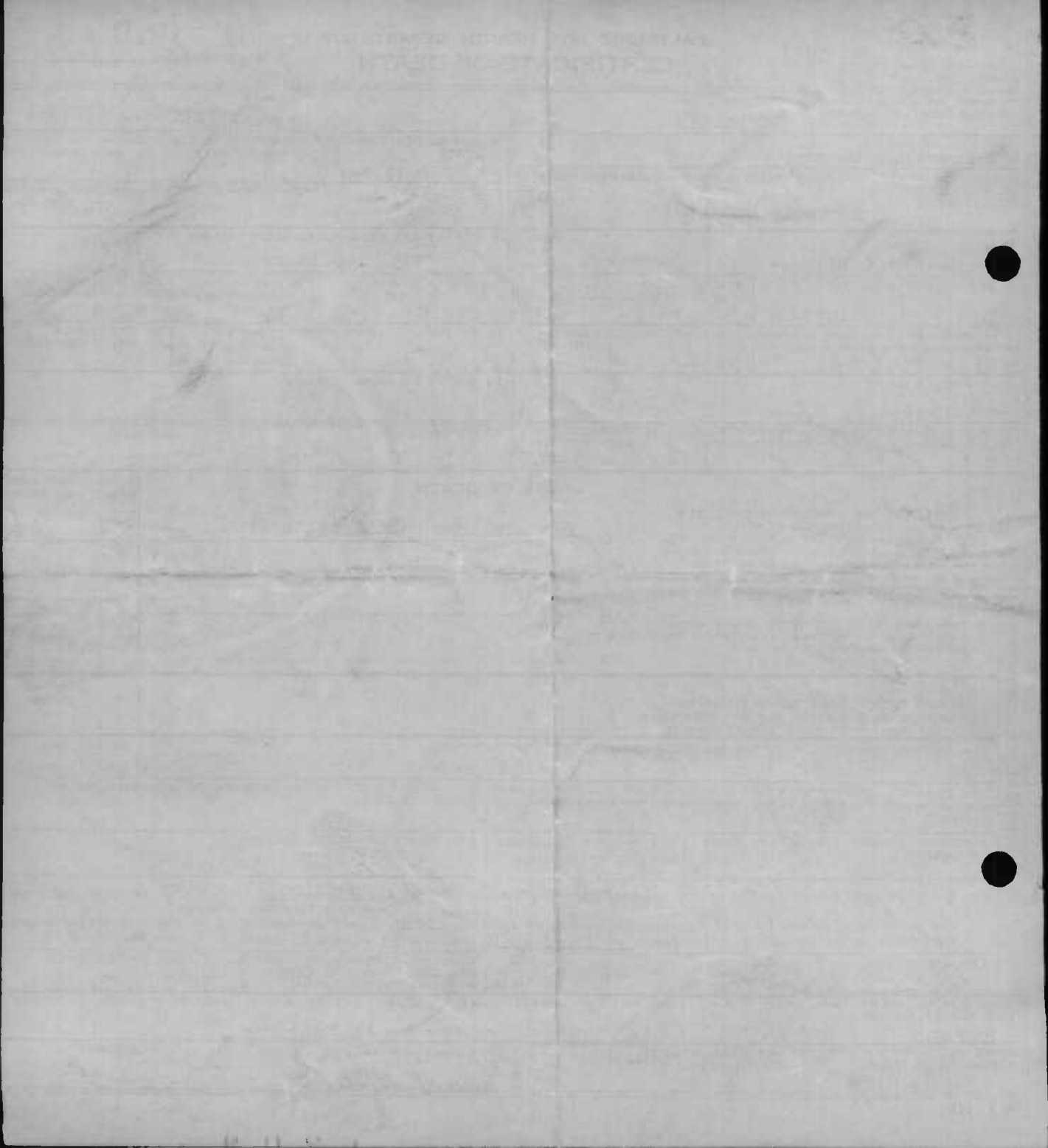
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1948* to *7 Feb, 1951*, that I last saw the deceased alive on *7 Feb, 1951* and that death occurred at *5:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE
W. Theodor Ross M. D. *Med. Art. Bldg. - Balt., Md.* 23B. ADDRESS
23C. DATE SIGNED
7 Feb 51

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 10-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lincoln Parkwood</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 8-1951</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <i>Mr. & Mrs. John H. Tufel</i>	ADDRESS <i>5311 Edmondson Ave</i>

WALLACE
CLONCRES
SECOND
EDWARDS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1211
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Charlotte C. Spence</i>		2. DATE OF DEATH <i>Feb 7 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Nursing Home</i> <i>1700 Park Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>14-01</i>	
6. Length of stay in Baltimore <i>75 YRS</i>		D. STREET ADDRESS (If rural, give location) <i>1415 Park Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>April 3 1862</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>88</i>
11. BIRTHPLACE (State or foreign country) <i>N.Y.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>James Carnegie Spence</i>		14. MOTHER'S MAIDEN NAME <i>HARRIET REID</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>MRS. B. VAN NESS</i>		ADDRESS <i>SEVERN APTS.</i>	

18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Coronary Heart Failure</i> DUE TO <i>Arterio-sclerosis</i> (B) <i>Hypertension</i> DUE TO <i>Myocarditis</i> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2-3 days</i> <i>Gravel</i> <i>✓</i> <i>✓</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 1946</i> to <i>Feb 7, 1951</i> , that I last saw the deceased alive on <i>Feb 7, 1951</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>M. H. Hooley</i>		23B. ADDRESS M. D. <i>1403 Park Ave</i>		23C. DATE SIGNED <i>Feb 8-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>2-9-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LODGE PARK</i>	
24D. LOCATION (City, town, or county) <i>BALTO.</i>		24E. STATE <i>MD.</i>		25. FUNERAL DIRECTOR <i>H.W. JENKINS & SONS Co. York Rd.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 8-1951</i>		REGISTRAR'S SIGNATURE <i>William M. Williams</i>		ADDRESS <i>4905</i>	

Dr Moody 1403 Packan

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1212
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Edward B. Crowley			2. DATE OF DEATH 2/7/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore. 27-10		
Length of stay in Baltimore Life.			D. STREET ADDRESS (If rural, give location) 510 Radnor Ave #12.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1868		9. AGE (in years last birthday) 82. If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tile Setter Foreman		10B. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Patrick Crowley			14. MOTHER'S MAIDEN NAME Margaret Wallace.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT Aug. Record ADDRESS _____	

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, apnea, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Generalized Arteriosclerosis DUE TO and (B) Hypertensive Cardiovascular disease. DUE TO Bronchopneumonia. (C) _____	INTERVAL BETWEEN ONSET AND DEATH Unknown.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Left hemiplegia.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/26, 1951 , to 2/7, 1951 , that I last saw the deceased alive on 2/7, 1951 , and that death occurred at 11:35 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. K. Brewer		23B. ADDRESS Maryland General Hospital		23C. DATE SIGNED 2/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 10 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
				24D. LOCATION (City, town, or county) (State) Baeto, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 1951		REGISTRAR'S SIGNATURE W. K. Brewer		25. FUNERAL DIRECTOR Henry J. Jenkins	
				ADDRESS Box 4905 York Rd.	

200
51 1213MAE Beach
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1213

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Mae Beach		2. DATE OF DEATH 2-7-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY BALTO	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 27-02	
5. LENGTH OF STAY IN BALTIMORE 9 YRS. 6 MOS.		D. STREET ADDRESS (If rural, give location) 2303 SOUTHERN AVE.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JUNE 29 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 59
13. FATHER'S NAME GUSTAFSON MEYER		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		14. MOTHER'S MAIDEN NAME STROHM	
16. SOCIAL SECURITY NO. 106-14-6888		17. INFORMANT HARRY J. BEACH	
18. 260X		ADDRESS SAME	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, apnoea, etc. It means the disease, injury or complication which caused death.)(A) Coronary infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio-sclerosis
DUE TO
(C) Diabetes Mellitus

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fatty Metamorphosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-6-51, 19__, to 2-7-51, 19__, that I last saw the deceased alive on 2-7-51, 19__ and that death occurred at 7 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Wilbur S. Bonham M. D.		23B. ADDRESS Union Hosp		23C. DATE SIGNED 2-8-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2-12-1951	24C. NAME OF CEMETERY OR CREMATORY ST JOHNS	24D. LOCATION (City, town, or county) (State) FORT. WAYNE IND.
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co. 4905 YORK RD	ADDRESS
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FEB 8 - 1951

61

1



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1214
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Michael Hession.			2. DATE OF DEATH Feb. 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2806 Roselawn Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,		
D. STREET ADDRESS (If rural, give location) 1425 Ensor St.,			E. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 9-09		
5. SEX male			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower			8. DATE OF BIRTH Sept. 12, 1867		
9. AGE (In years last birthday) 83			10. CITIZEN OF WHAT COUNTRY? U. S. A.		
11. BIRTHPLACE (State or foreign country) Headford, Co. Galway, Ireland.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME William Hession,			14. MOTHER'S MAIDEN NAME Margaret (last name unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Margaret M. Mettee,			ADDRESS 2806 Roselawn Ave.		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Stomach DUE TO (B) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Arteriosclerotic C-V disease		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 28**, 1950, to **Feb. 6**, 1951, that I last saw the deceased alive on **Feb. 5**, 1951, and that death occurred **at 1.30 P.m.**, from the causes and on the date stated above.

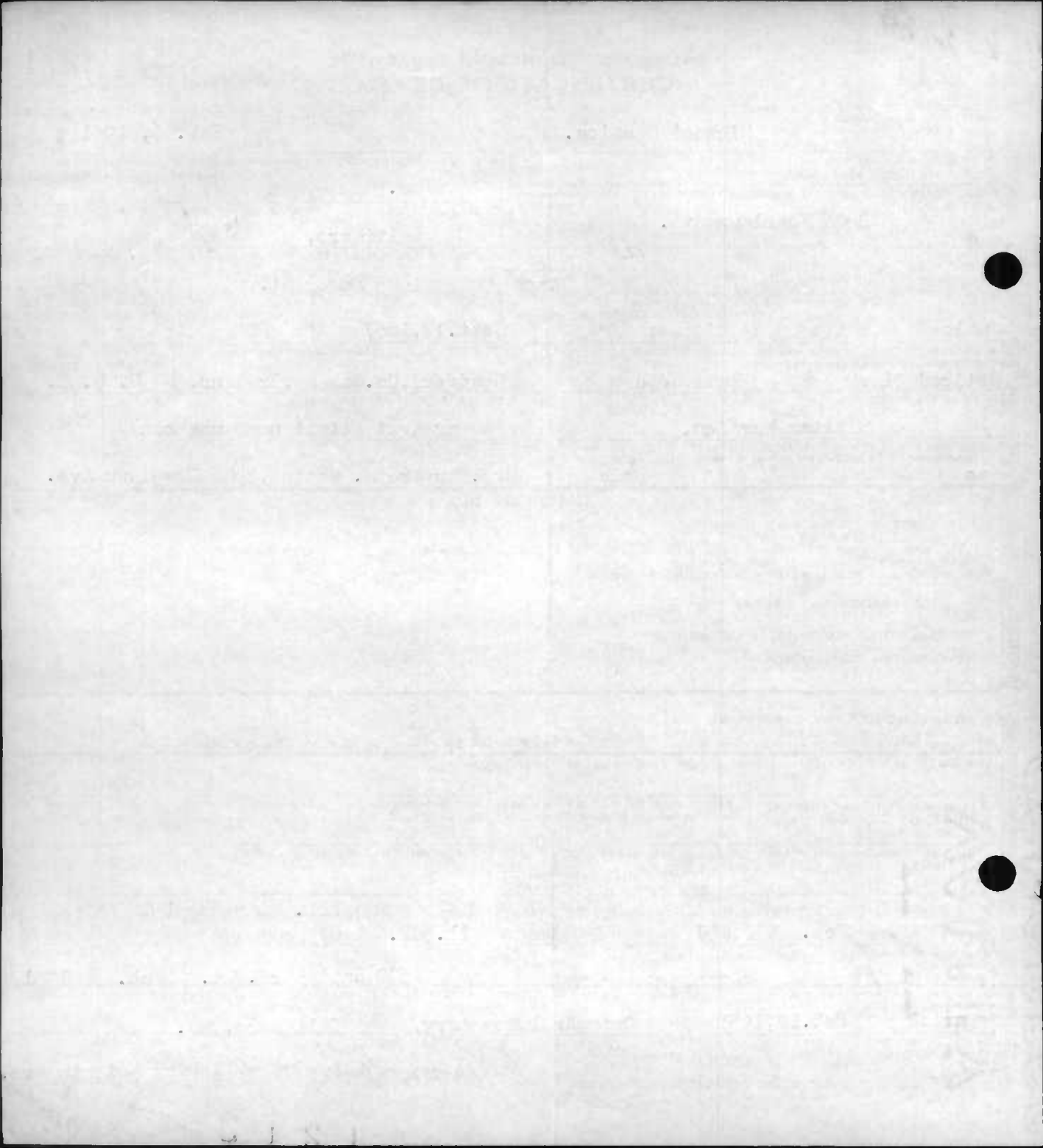
23A. SIGNATURE **Wm. H. Greengard** M. D. 23B. ADDRESS **1520 East 33rd. St.** 23C. DATE SIGNED **Feb. 8, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **Feb. 10, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Cathedral Cemetery,** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 8 - 1951** REGISTRAR'S SIGNATURE **Wm. H. Greengard** 25. FUNERAL DIRECTOR **B. Vernon Lemmon** ADDRESS **4611 Park Heights Ave.**

MEDICAL CERTIFICATION

4613



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1215**

BIRTH NO. **50-22693**

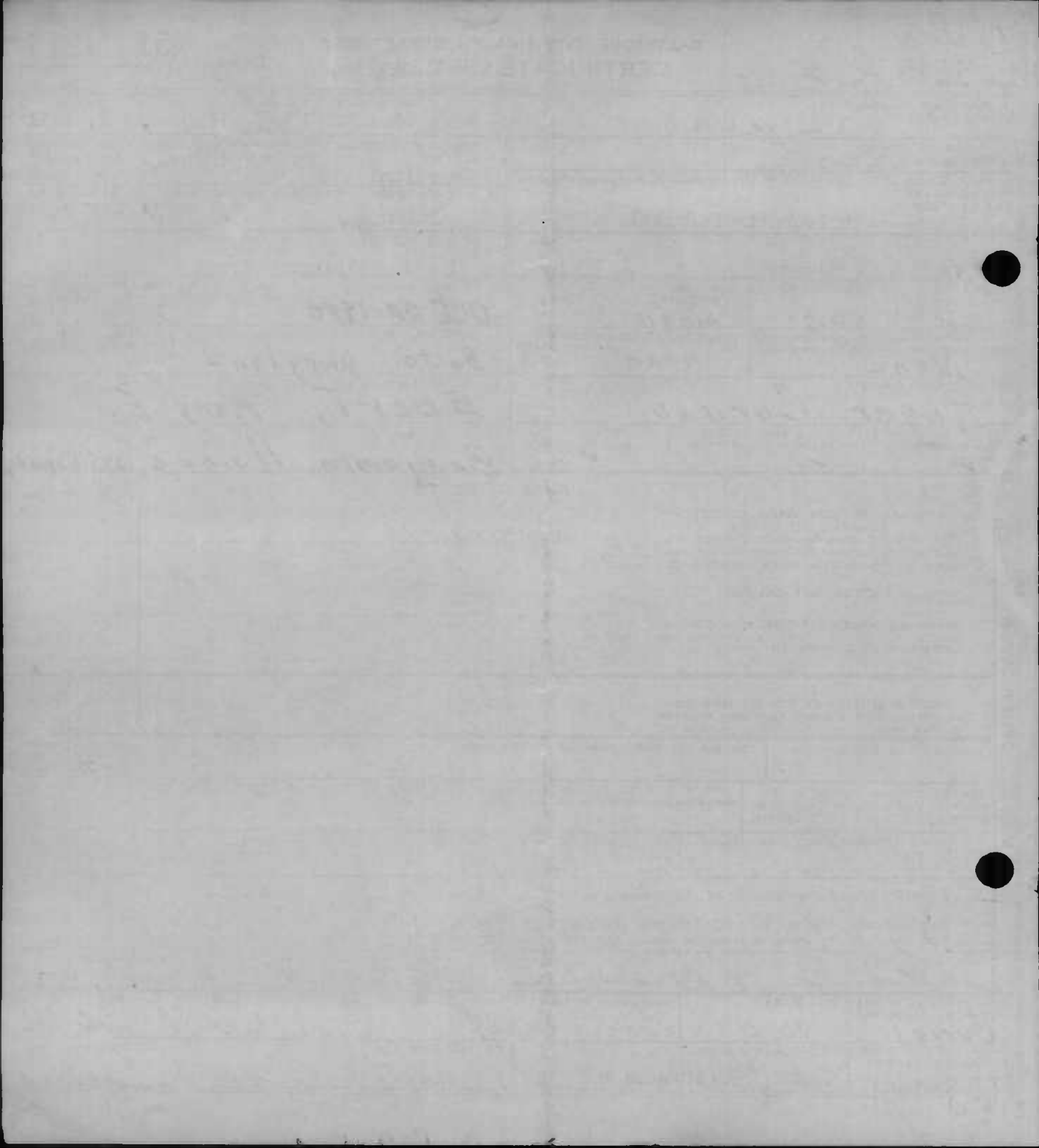
1. NAME OF DECEASED (Type or Print) ROBERT W. CARUSO		2. DATE OF DEATH February 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 754 W. Baltimore Street		E. LENGTH OF STAY IN BALTIMORE 4-02	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 20-1950
9. AGE (In years, last birthday) 3		10. MONTHS 18	11. HOURS 18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Balto. Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Roger Caruso		14. MOTHER'S MAIDEN NAME Robert, Mary E.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ✓		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT Benjamin Haines, 1275 Shore		ADDRESS 1275 Shore	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Denecker, M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 7, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/10/51	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 8-1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wendell J. Duppey		ADDRESS 312 S. Highland



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1216
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN

ENGLE

ENGLE

2. DATE
OF
DEATH Feb. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

224 S. Washington St.

Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 26-1905

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md Ind

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Zaminski

14. MOTHER'S MAIDEN NAME

Josephine Poffel Josephine
POFFEL15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Sotaski 224 S. Washington St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

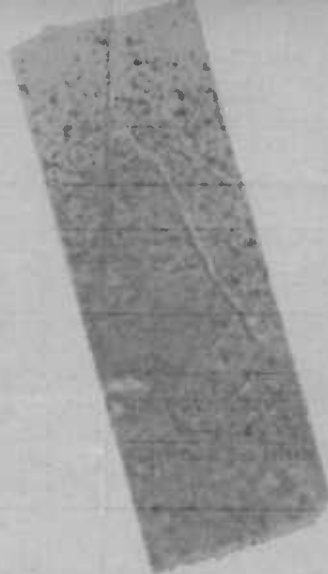
25. FUNERAL DIRECTOR

ADDRESS

FEB 8-1951

VS 151

93D ✓



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1217

Registered No. _____

560

MD-14670

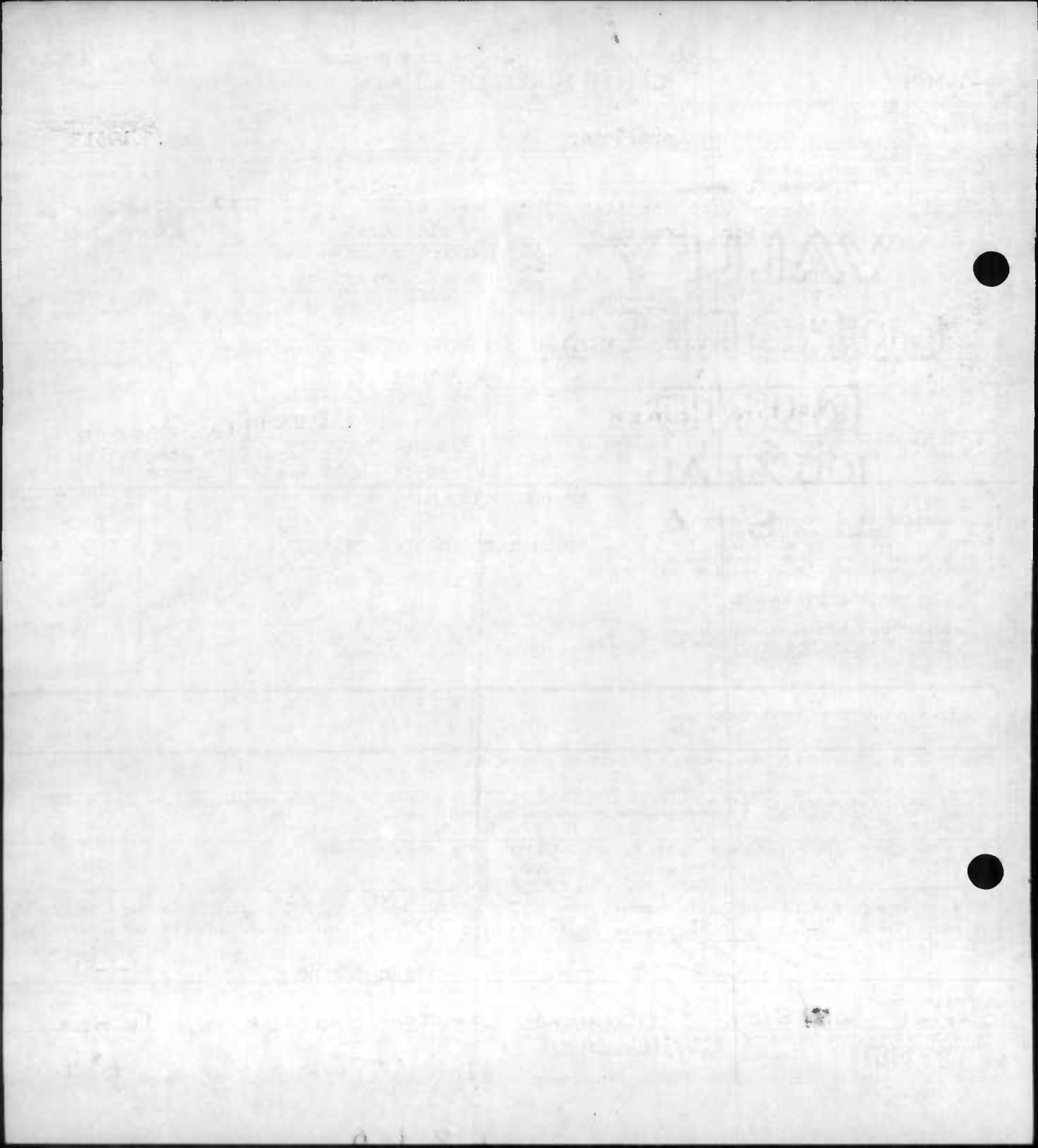
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Gilbert Comer			2. DATE OF DEATH Feb. 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 529 N. Howard St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ?	9. AGE (In years last birthday) 49 ?	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Martin Comer			14. MOTHER'S MAIDEN NAME Cecilia Gannon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 00rx DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 1 Year or more
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-5 , 1951, to 2-5 , 1951, that I last saw the deceased alive on 2-5 , 1951, and that death occurred at 3:38 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE <i>P. S. Dozen</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-8-51	24C. NAME OF CEMETERY OR CREMATORY St. Edwards Cemetery Shamokin, Penna.	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1951	REGISTRAR'S SIGNATURE <i>Wm. J. Tickner</i>	25. FUNERAL DIRECTOR Wm. J. Tickner & Sons, Baltimore	



510

1218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1218

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)H.
SYDNEY DEMBO2. DATE
OF
DEATH

February 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

6307 Pearce Avenue

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

MARRIED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan. 22, 1895

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Daniel Dembo

14. MOTHER'S MAIDEN NAME

Fannie ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Yetta Dembo- 6307 Pearce Avenue

18. 260x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

11 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

DUE TO

13 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1950, to Jan. 27, 1951, that I last saw the deceased alive on Jan. 27, 1951, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/51

24C. NAME OF CEMETERY OR CREMATORY

Anshei Emunah Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1951

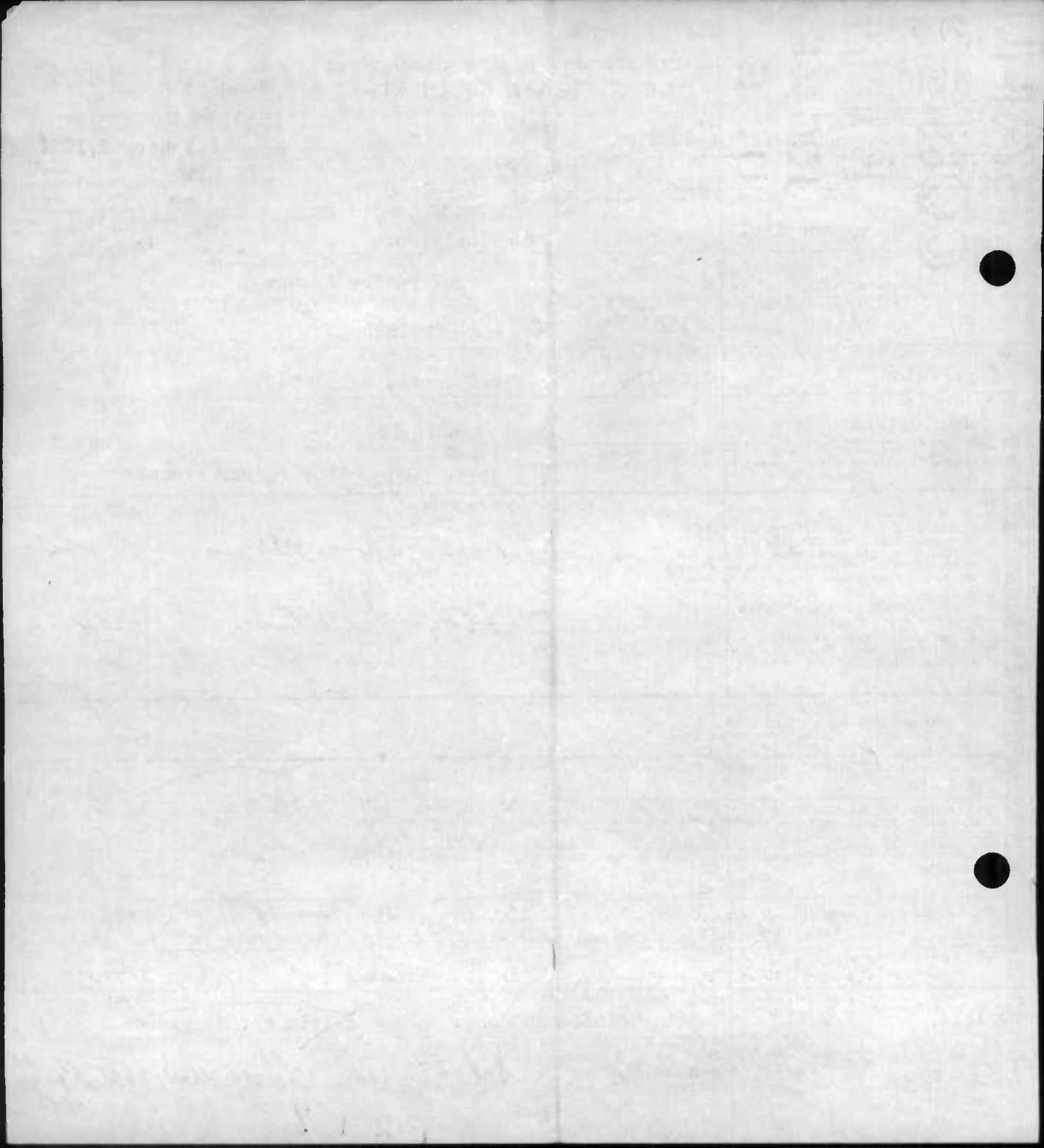
VS 150

2906E

217

61 anl.

MEDICAL CERTIFICATION



630
51 1219BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1219

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Mary Regina Howard

2. DATE
OF
DEATH

2-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

Mt de Sales

5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-20-87

9. AGE (in years
last birthday)

63 64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Conn.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

JAMES HOWARD

14. MOTHER'S MAIDEN NAME

MARY RORKE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Mt. de Sales Catonsville, Md.
Sister Mary Michels

18. 433.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Heart failure.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ventricular fibrillation

DUE TO

(C)

Uremia.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Thyroid enlargement.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7, 1951, to 2-8, 1951, that I last saw the
deceased alive on 2-8, 1951, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

2-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

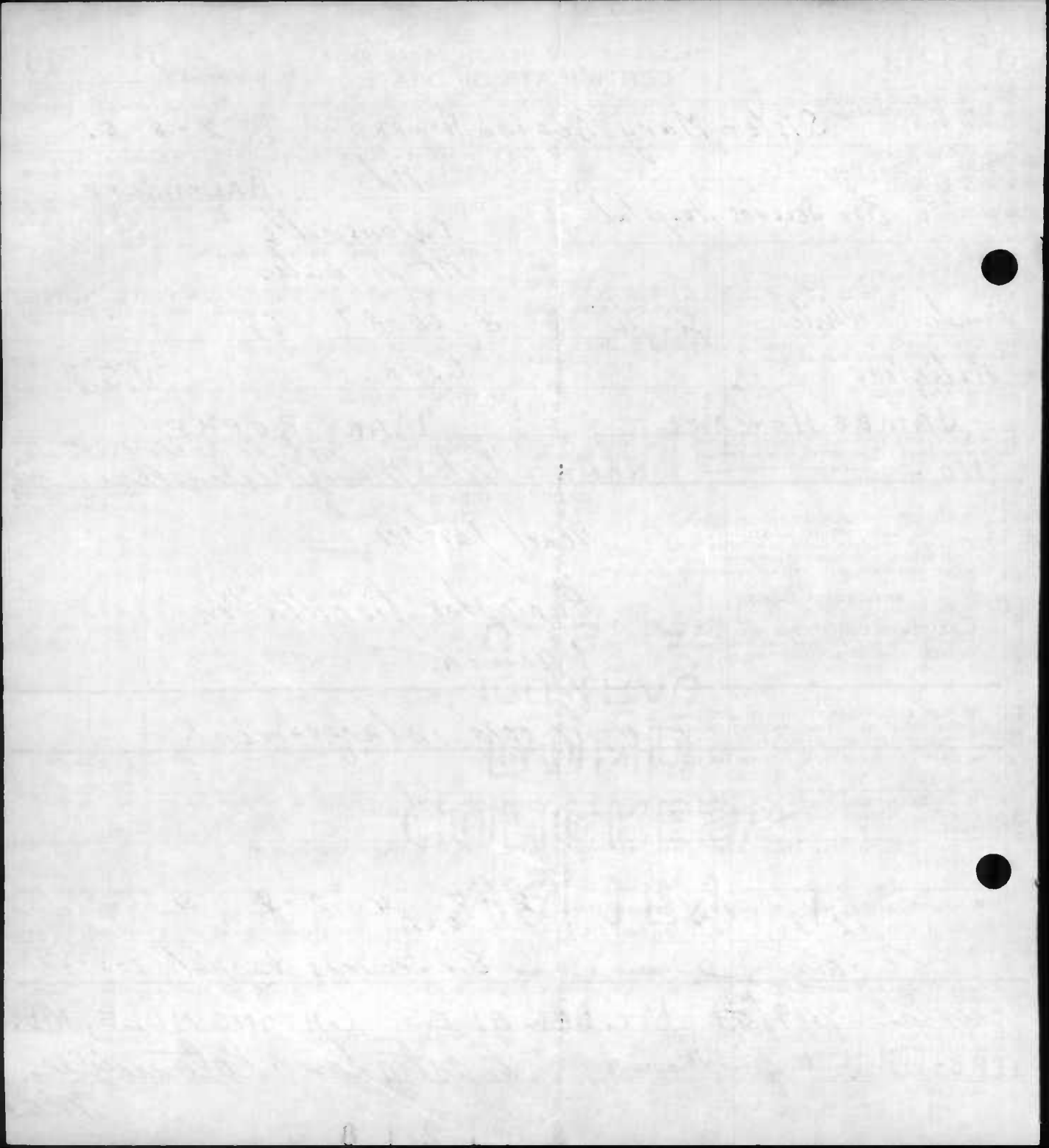
25. FUNERAL DIRECTOR

ADDRESS

FEB 8 - 1951

Huntington Williams, Jr.

Easton Lane Catonsville,



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) DAISY SHOWMAN BEAN			2. DATE OF DEATH 7 FEB, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY 15-10		
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 3832 SEQUOIA AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 20 APRIL 1877		9. AGE (in years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.
13. FATHER'S NAME HAMILTON SHOWMAN			14. MOTHER'S MAIDEN NAME ABBIE E. SHEPPARD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, an or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT PATIENT.		

<p>18. 199.8 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) GENERALIZED CARCINOMATOSIS</p> <p align="center">DUE TO</p> <p>(B) ENDOTHELIAL CELL SARCOMA</p> <p align="center">DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p align="center">(over)</p>
--	--	--

19a. DATE OF OPERATION 14 Nov. 1950		19b. MAJOR FINDINGS OF OPERATION GENERALIZED ABDOMINAL CARCINOMATOSIS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6 JAN , 19 51 , to 7 FEB , 19 51 , that I last saw the deceased alive on 7 FEB , 19 51 , and that death occurred at 12:55P m., from the causes and on the date stated above.					
23a. SIGNATURE Robert Davis Cox		23b. ADDRESS Union Memorial Hosp.		23c. DATE SIGNED 2-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 10/1951		24c. NAME OF CEMETERY OR CREMATORY Frederick Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1951		REGISTRAR'S SIGNATURE Thurston Williams, Jr.		25. FUNERAL DIRECTOR Harry H. Amacore	
				ADDRESS 4204 Ridgewood Ave.	

Was there any indication in
deceased's clinical history
of this probable primary site
of the malignancy? AM

See Document File 51-1320

3/5/51

"Primary site not known"

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1221
Registered No.

ND- 144777
BIRTH NO. 1221

1. NAME OF DECEASED (Type or Print) John Duvall			2. DATE OF DEATH Feb. 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3532 O'Donnell St. (24)			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 28, 1898	9. AGE (In years last birthday) 52	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME John			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			18. MOTHER'S MAIDEN NAME Sallie Dougherty		

18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Hypertension DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 or 5 days yrs.?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Patient is a post operative Smithwick		

19A. DATE OF OPERATION 1-9-1951		19B. MAJOR FINDINGS OF OPERATION Smithwick		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1-4 , 19 51 to 2-6 , 19 51 that I last saw the deceased alive on 2-6 , 19 51 and that death occurred at 12:20 pm from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 10, 1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Tracy A. Cole, 1913 W. Baltimore

10 4

1.277

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1222
Registered No. 51 1222

240
51 1222
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Matteo Ciociolo			2. DATE OF DEATH Feb. 6 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3131 Eastern Ave			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 1-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 40 yrs.			D. STREET ADDRESS (If rural, give location) 3131 Eastern Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAY 24 1888		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Emp.		10B. KIND OF BUSINESS OR INDUSTRY Restaurant Owner	11. BIRTHPLACE (State or foreign country) Foggia Italy		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Francesco Ciociola			14. MOTHER'S MAIDEN NAME Giacomina Iannoli		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 218-06-5884	17. INFORMANT ADDRESS Frank Ciociola 3131 Eastern Ave		

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of neck -		INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO (A) Cancer of neck -		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Anterior Cardiac Vascular Sclerosis		
DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9-7-50		19B. MAJOR FINDINGS OF OPERATION Cancer of neck -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10-18**, 19**49** to **2-6**, 19**51**, that I last saw the deceased alive on **2-4**, 19**51**, and that death occurred at **2 P.M.** from the causes and on the date stated above.

23A. SIGNATURE Thomas J. Williams		23B. ADDRESS 715 N. Charles St.		23C. DATE SIGNED 2-8-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 9 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.	

DATE RECEIVED BY LOCAL REGISTRAR FEB 8 - 1951	REGISTRAR'S SIGNATURE William Williams	FUNERAL DIRECTOR Frank Wilkerson	ADDRESS 322 S. High St.
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WATLEY

CENTROTECH DATA

DATE: 10/10/81

NO.

REVISION

404

11/11/81

10/10/81

10/10/81

10/10/81

10/10/81

10/10/81

10/10/81

10/10/81

10/10/81

10/10/81

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1223

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Riebold

2. DATE
OF
DEATH

Feb. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1637 N. Durham St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore-13

D. STREET ADDRESS (If rural, give location)

1637 N. Durham St. 8-06

Length of stay in Baltimore

60 Years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 4, 1869

9. AGE (In years last birthday)

82

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baden-Baden, Germany

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Zimmerman

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
None

17. INFORMANT

Louis J. Riebold (son)

ADDRESS

Same

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Valvular Heart Disease

4 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 11, 1951, to Feb 6, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb. 9

Holy Redeemer Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

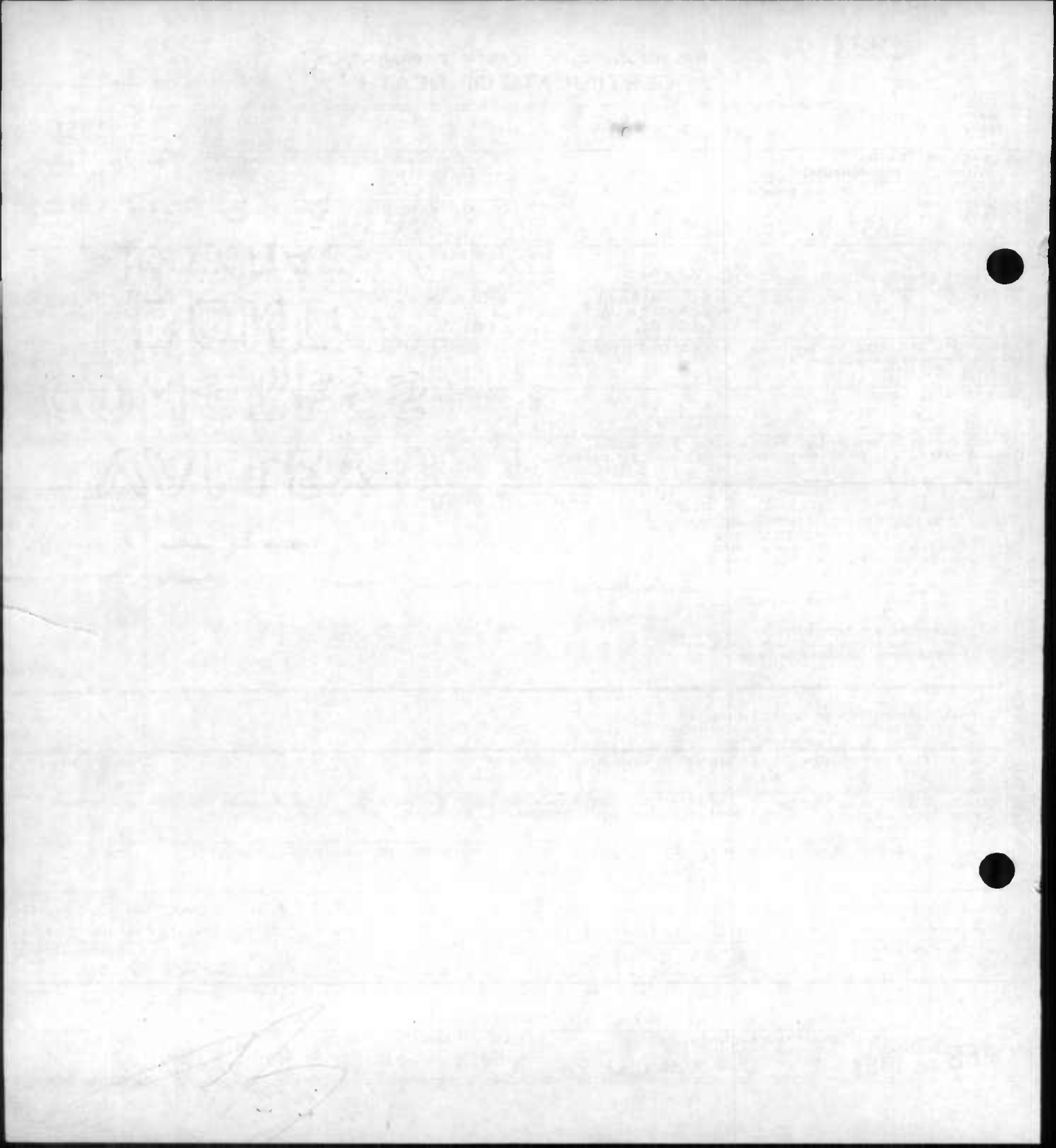
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

Henry Sander & Sons, Inc.
Baltimore, Md.



m-625
51 1224BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1224
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

H.

MORRISON

2. DATE
OF
DEATH

Feb. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1209 N. Calvert St.

11-01

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 7, 1888

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
clerk10B. KIND OF BUSINESS OR
INDUSTRY
Beth. Steel Co.11. BIRTHPLACE (State or foreign country)
Wilmington Delaware12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alvin R. Morrison

14. MOTHER'S MAIDEN NAME

Frances F. Bendler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no no16. SOCIAL
SECURITY NO.

213-09-0104

17. INFORMANT

Marie A. Morrison

ADDRESS

1209 N. Calvert St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 8, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/12/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

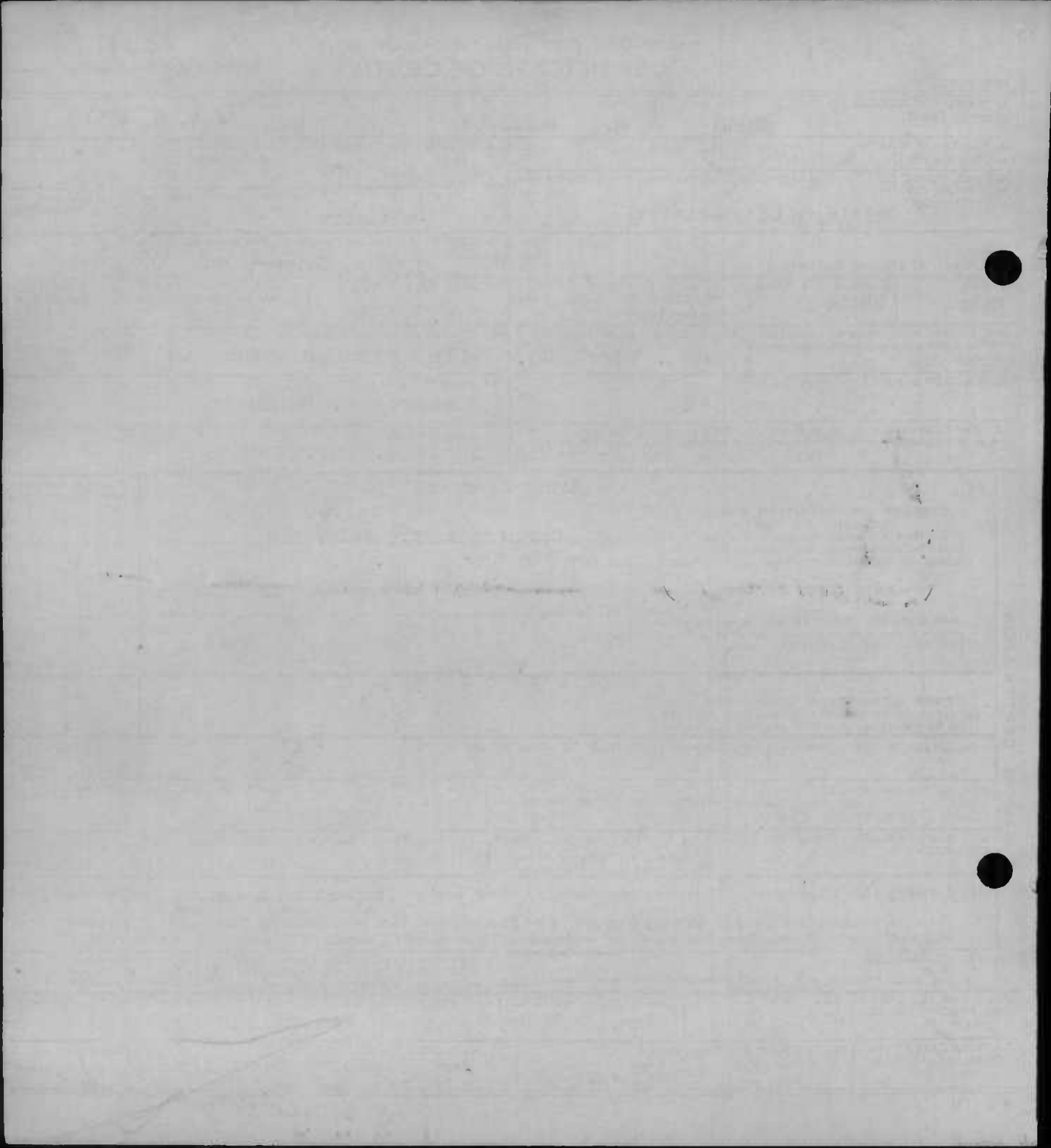
Henry Sander & Sons Inc.

Baltimore Md

VS 151

9 390134 2 0 1 2 2 3

94a ✓



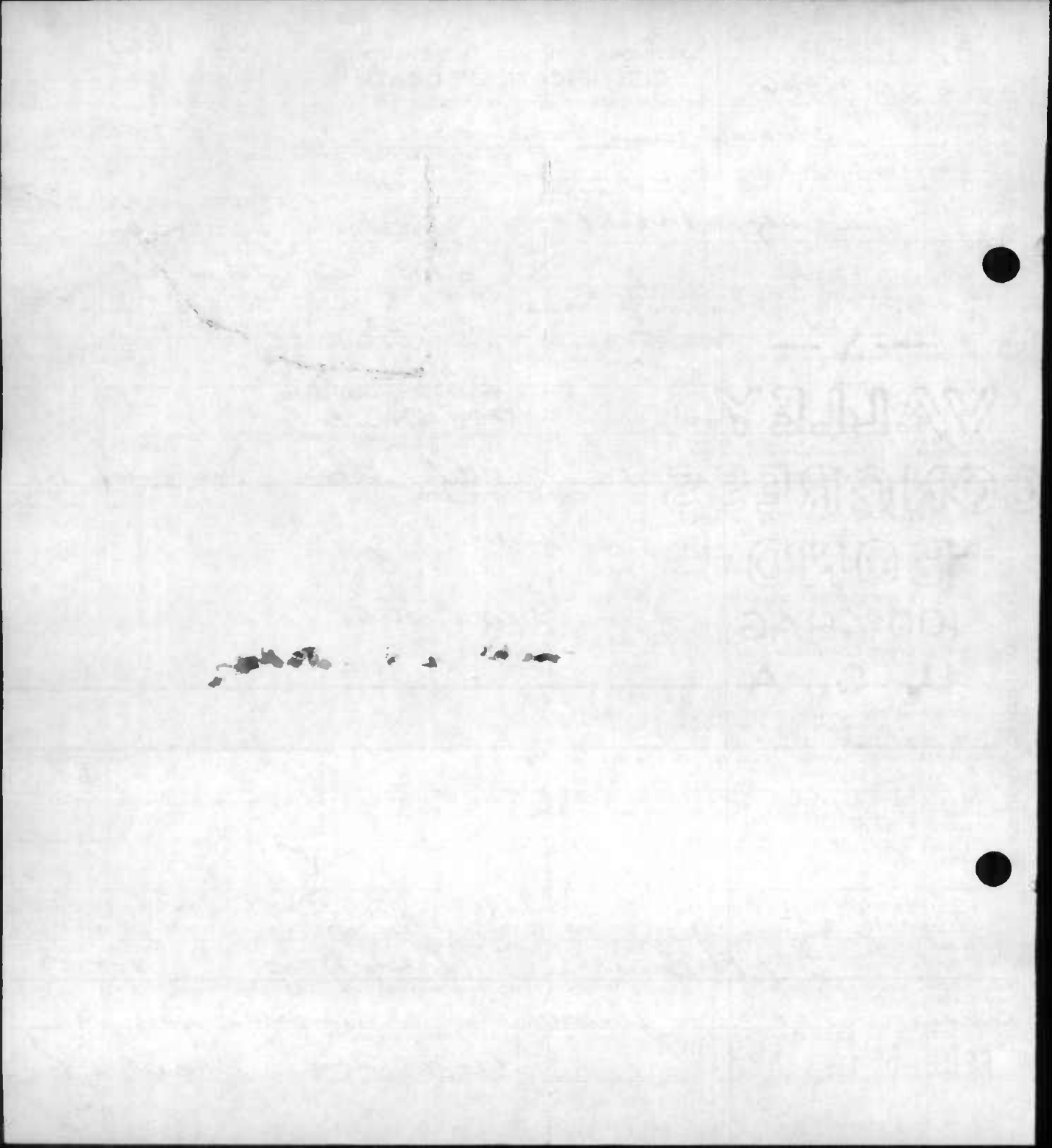
H-635
51 1225
BIRTH NO. 50-02896BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1225
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Ann Hardman</i>		2. DATE OF DEATH <i>2-7-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baeto. 15-12</i>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3705 Reisterstown Rd</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>2-9-50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>10</i> If Under 1 Year: Months <i>11</i> Days <i>28</i> If Under 24 Hours: Hours Min.
13. FATHER'S NAME <i>Earl Hardman</i>		14. MOTHER'S MAIDEN NAME <i>CHRISTINE Miller</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Walter Grove</i>		ADDRESS <i>Waynesboro, Pa.</i>	

1B. <i>491X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>Anuria</i> DUE TO	
ANTECEDENT CAUSES	(B) <i>Bronchiolitis</i> DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2-7</i> , 19 <i>50</i> , to <i>2-7</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-7</i> , 19 <i>51</i> , and that death occurred at <i>11 P.</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>J. H. Hradine</i> M. D.	23B. ADDRESS <i>Univ. Hosp.</i>	23C. DATE SIGNED <i>2-8-51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-8-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Union Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Mountain Dale, Pa.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 9 1951</i>	REGISTRAR'S SIGNATURE <i>FEB 9 1951</i>	25. FUNERAL DIRECTOR ADDRESS <i>Walter Grove Waynesboro, Pa.</i>	



W-635

51 1226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1226

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Walter Worthington</i>		2. DATE OF DEATH <i>Feb. 8, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>10-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1200 Valley St</i>	
D. STREET ADDRESS (If rural, give location) <i>Preston - Valley Sts.</i>		E. AGE (in years: last birthday) <i>84</i>	
F. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		G. DATE OF BIRTH <i>14th March, 1867</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>14th March, 1867</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>William Worthington</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Bowie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Charles Marbury</i>		18. ADDRESS <i>Upper Marlboro, Md.</i>	

18. *4221*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) _____

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

*5 yrs**10 yrs*19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

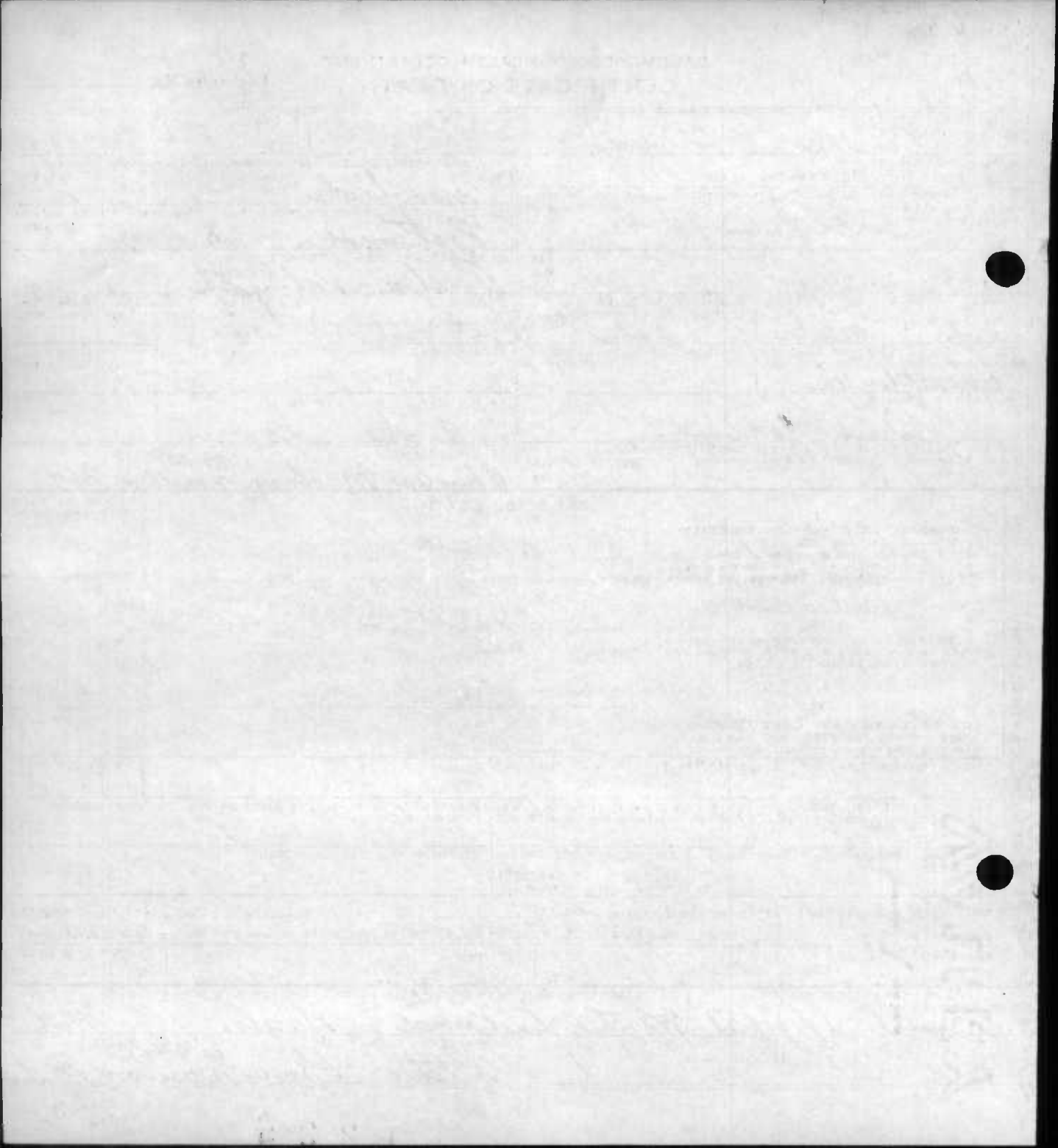
21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Nov 1*, 1950, to *Feb 8*, 1951, that I last saw the deceased alive on *Feb 7*, 1951, and that death occurred at *10:20 A. m.*, from the causes and on the date stated above.23A. SIGNATURE *E. G. Hall M.D.*

M. O.

23B. ADDRESS *1631 E North Ave*23C. DATE SIGNED *Feb 8-1951*24A. BURIAL, CREMATION, REMOVAL (Specify)
*Burial*24B. DATE *2/10/51*24C. NAME OF CEMETERY OR CREMATOR
*Worthington Burial*24D. LOCATION (City, town, or county) (State)
*Naylor Md.*DATE RECEIVED BY LOCAL REGISTRAR
*FEB 9 1951*REGISTRAR'S SIGNATURE
*Worthington*25. FUNERAL DIRECTOR
*Ritchie Bros*ADDRESS
Upper Marlboro, Md.



51 1227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1227
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)BARKEN
Mr. Baruch Rosenfeld2. DATE
OF
DEATH

2-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Levindale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

4924 Deumore Ave

Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Levindale

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathan

OLD Dgc Home

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miriam Rosenfeld

18. 420-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary sclerosis

14 months

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31, 1949, to 2-7, 1951, that I last saw the
deceased alive on 2-7, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Joachim Blumberg

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

2-7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-9-51

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 9 1951

REGISTRAR'S SIGNATURE

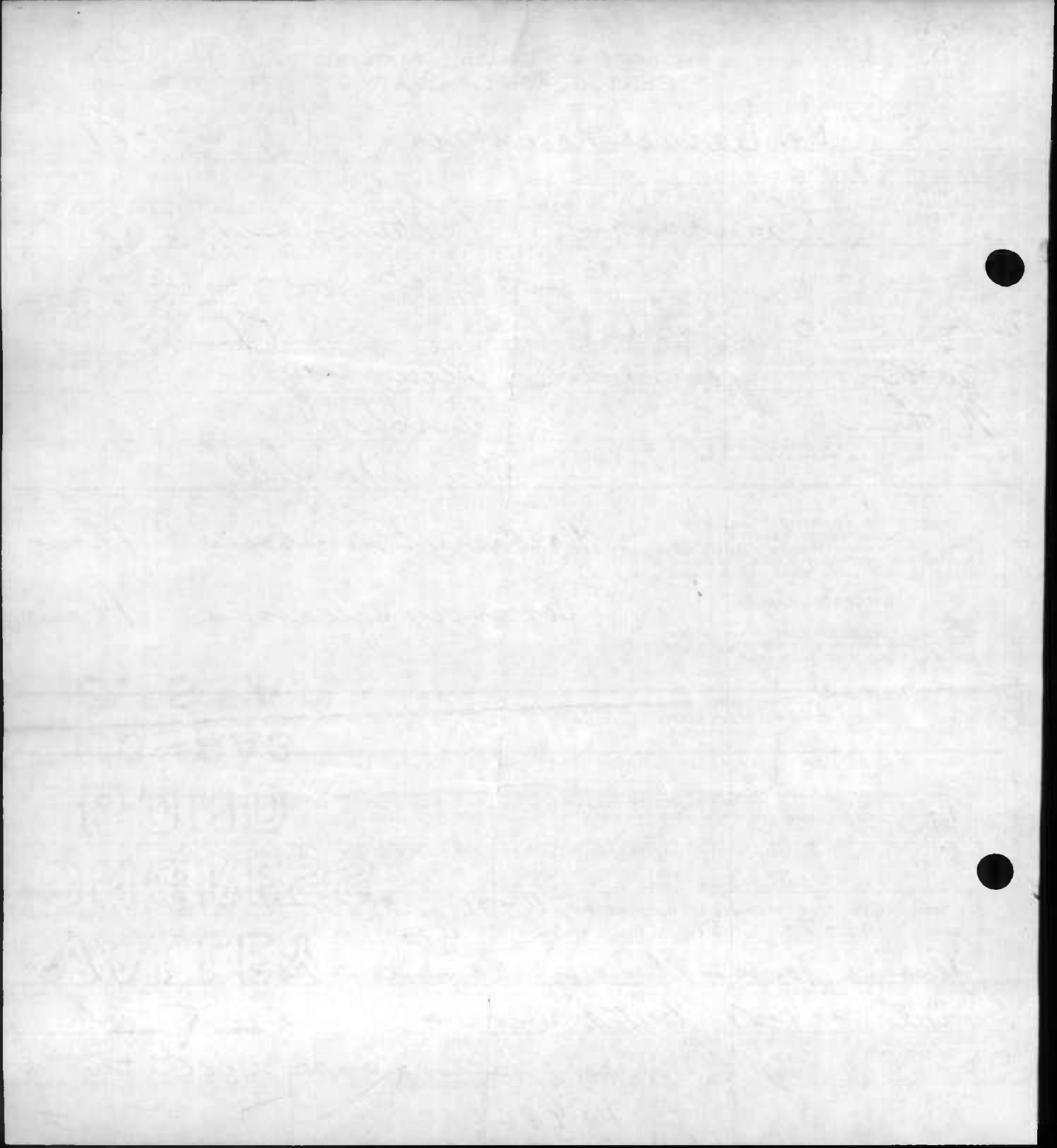
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Peters

ADDRESS

2100 Canton Pl



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Dr LEONARD M HUMMEL

2. DATE

OF

DEATH February 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Seton Institute

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

14 E. Read Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morens

14. MOTHER'S MAIDEN NAME

Celia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Isabell Hummel - Home

18. E 974 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation due to strangulation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

institute

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Seton Institute

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

February 7, 1951 7 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self from end of bed with

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Wood

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-9-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 1951

REGISTRAR'S SIGNATURE

William V. Wood

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Suitow Pl

51 1229

BALTIMORE CITY HEALTH DEPARTMENT

51 1229

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Charles McLean

2. DATE
OF
DEATH

Feb 8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Beltown, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Edgewood Home

C. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR or RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

About 1865

9. AGE (In years,

last birthday)

abt 86

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Tea

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHICH COUNTRY?

Scotland

13. FATHER'S NAME

Chas. H. McLean

14. MOTHER'S MAIDEN NAME

Miss Reid

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

John McLean, Jr. Feb 14/51

ADDRESS

1406 Park Dr

18.

422.1

CAUSE OF DEATH

Cerebral Hemorrhage

(A) Congestive Heart Failure

DUE TO

Arterio-Sclerosis

(B)

myocarditis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1-2 days

2-3 days

Gradual

✓

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1947 to Feb 8, 1951, that I last saw the
deceased alive on Feb 7, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. A. Hoady

M. D.

1403 Park Dr

23B. ADDRESS

23C. DATE SIGNED

Feb 8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 9/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

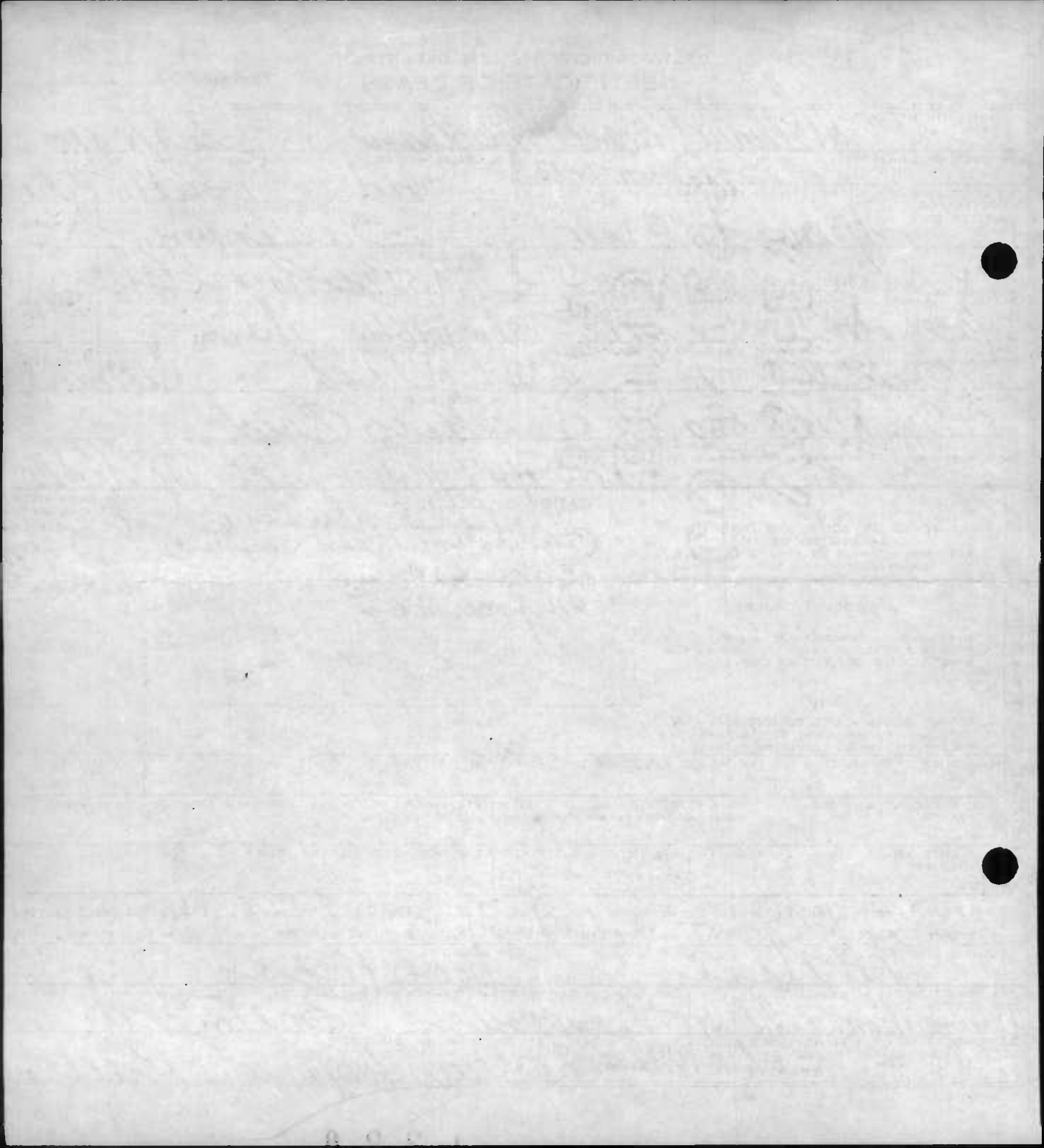
25. FUNERAL DIRECTOR

Stewart Morris

ADDRESS

Baltimore

FEB 9 1951



51 1230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1230
Registered No.

BIRTH NO. 50-21947

1. NAME OF DECEASED (Type or Print) HENRY L. PEAKE		2. DATE OF DEATH February 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1006 N. Washington Street	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1006 N. Washington Street		5. SEX male	
6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Nov. 3, 1950		9. AGE (In years last birthday) 43	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Pa. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Oakley Peake		14. MOTHER'S MAIDEN NAME Bertha Peake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Oakley Peake		ADDRESS 1006 Washington St	

18. 391.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Aspiration of vomitus (B) Bilateral otitis media (C) ... ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... (C) ... II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Feb. 7, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 9/51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	
24D. LOCATION (City, town, or county) (State) A A County Md		25. FUNERAL DIRECTOR		ADDRESS Mrs Robert A. Elliott & Dgt	
DATE RECEIVED BY REGISTRAR FEB 9 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

STATE OF NEW YORK

1887

STATE OF NEW YORK

IN SENATE

JANUARY 1887

530 51 1231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1231
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha W. Kent

2. DATE
OF
DEATH

Feb-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Bon Secours Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Little

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3024 Abell Ave

8. DATE OF BIRTH

Sept 23 1876

9. AGE (In years last birthday)

74

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales lady

10B. KIND OF BUSINESS OR INDUSTRY

ONells Dept Store

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Lee Kent

14. MOTHER'S MAIDEN NAME

Alice Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-10-4377

17. INFORMANT

ADDRESS

Elizabeth Kent 3024 Abell Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized atherosclerosis

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Feb 6, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 2 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Conrad L. Richter

M.O.

23B. ADDRESS

1706 N Washington St

23C. DATE SIGNED

2/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 9 1951

24C. NAME OF CEMETERY OR CREMATORY

DROID RIDGE CEM.

24D. LOCATION (City, town, or county) (State)

PIKESVILLE

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 9 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Lippel Bros. 7110 BELAIR RD.

DR C. L. RICHTER
1706 N WASHINGTON

327
51 1232BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1232
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE ROTHSCILD

2. DATE
OF
DEATH

Feb 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONLewis Nursing Home
4203 Springdale ave4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)4203 Springdale ave
Baltimore Md 28-02

C. Length of stay in Baltimore

7 weeks

Yrs.
Mos.
Days

4203 Springdale ave

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Unmarried

8. DATE OF BIRTH

Nov 15 1876

9. AGE (In years
last birthday)

74

10. Under 1 Year

Months: Days: Hours: Min.

2 23

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home Work

10B. KIND OF BUSINESS OR
INDUSTRY

Home Keeping

11. BIRTHPLACE (State or foreign country)

Alexandria Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Swaney

14. MOTHER'S MAIDEN NAME

Lena Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mrs. Isolina Mahovec Explained

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Disturbance

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension Cardiac Renal

DUE TO

Vascular Disease

2 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1/2, 1951, to 2/8, 1951, that I last saw the
deceased alive on 2/1, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

Huntington Williams, M.D.

David Sondheimson 1902 Eutan

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
OFFICE OF THE ASSISTANT SECRETARY
FOR PUBLIC HEALTH

600
51 1233BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1233
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Frey

2. DATE
OF
DEATH

4/5/51 3 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3709 Old York Rd

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 9-01

D. STREET ADDRESS (If rural, give location)

3709 Old York Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/14/1872

9. AGE (In years
last birthday)

78

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Baker

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

13. FATHER'S NAME

John Frey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Magdalene Bitlingmeyer

17. INFORMANT

ADDRESS

Katharina Frey 3709 Old York Rd

18. 260 x 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Sanguine moderate
diabetic coma3 wks.
4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes

20 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D. 2020 H. Chavers.

2/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/10/51

Parkwood

Parkville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

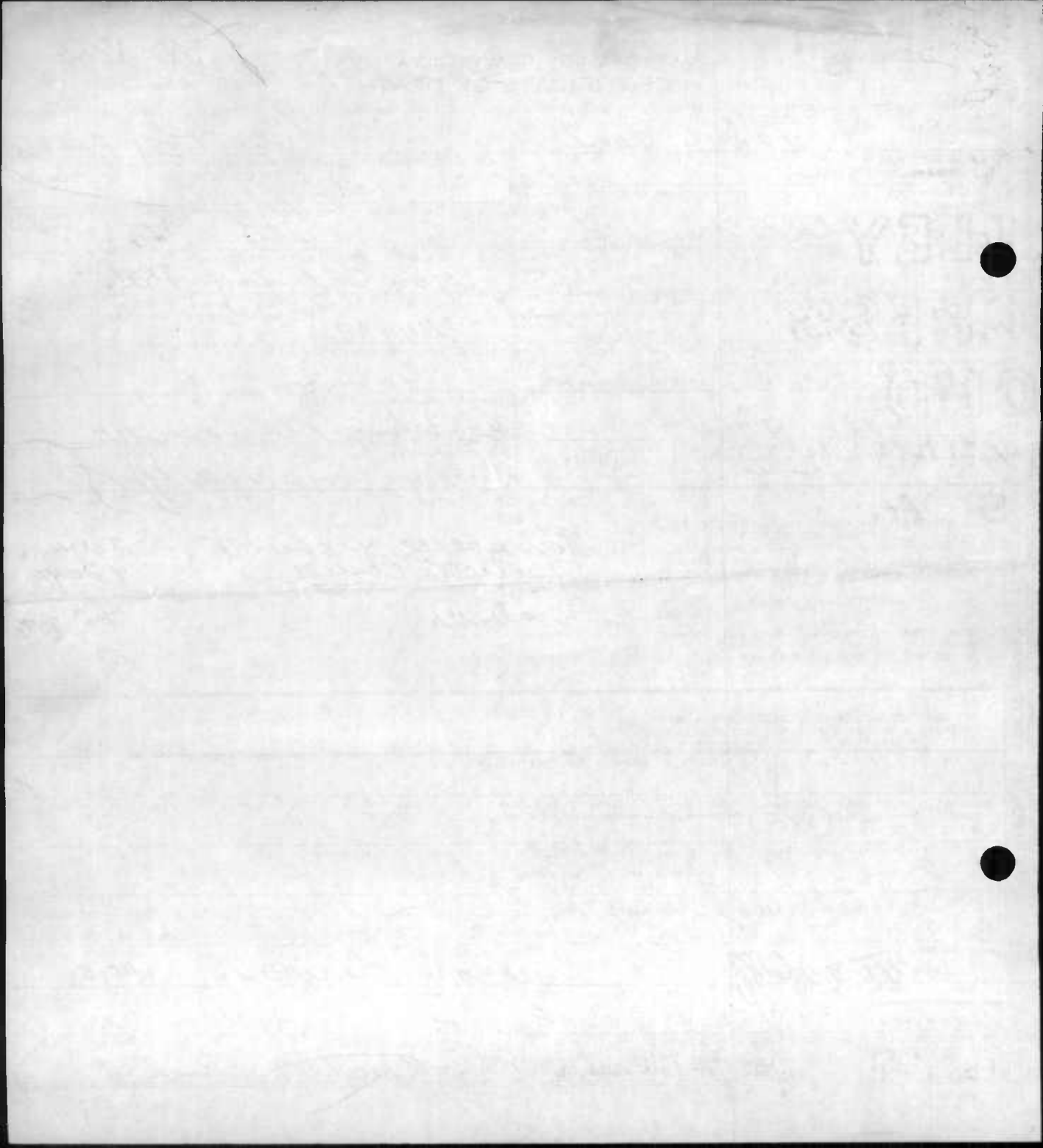
25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

Huntington Williams, Jr.

Cook Inc. 1217 St. Paul St.



230

51 1234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1234

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

Jost

2. DATE
OF
DEATHFebruary 6
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Good Samaritan
2711 Long St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-33

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2479 Westport St Westport

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ordinary

10B. KIND OF BUSINESS OR
INDUSTRY

Landscaping

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Good Samaritan Home 2711 Long St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CHRONIC MYOCARDITIS &
DUE TO MYOCARDIAL DEGENERATION

5 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Heart
Disease

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized Arteriosclerosis?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from July 1, 1950, to December 23, 1950, that I last saw the
deceased alive on Dec 23, 1950, and that death occurred at 7:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Bender

M. D.

23B. ADDRESS

2030 W Fayette St

23C. DATE SIGNED

2/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

Huntington Williams, M.D.

1219 St Paul St

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, NEW YORK

NEW YORK

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650
51 1235BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1235
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter W. Orem

2. DATE
OF
DEATH

2/8/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

406 E. 27th St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance Engineer

13. FATHER'S NAME

Thomas Orem

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

12/4/1870

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

W. Va

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Barbara Hollmaster

17. INFORMANT

ADDRESS

Walter Hammen 406 E. 27th St.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Degeneration
Arterio-sclerosis

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Uremia

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1950 to Feb 8th, 1951, that I last saw the
deceased alive on Feb. 1st, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

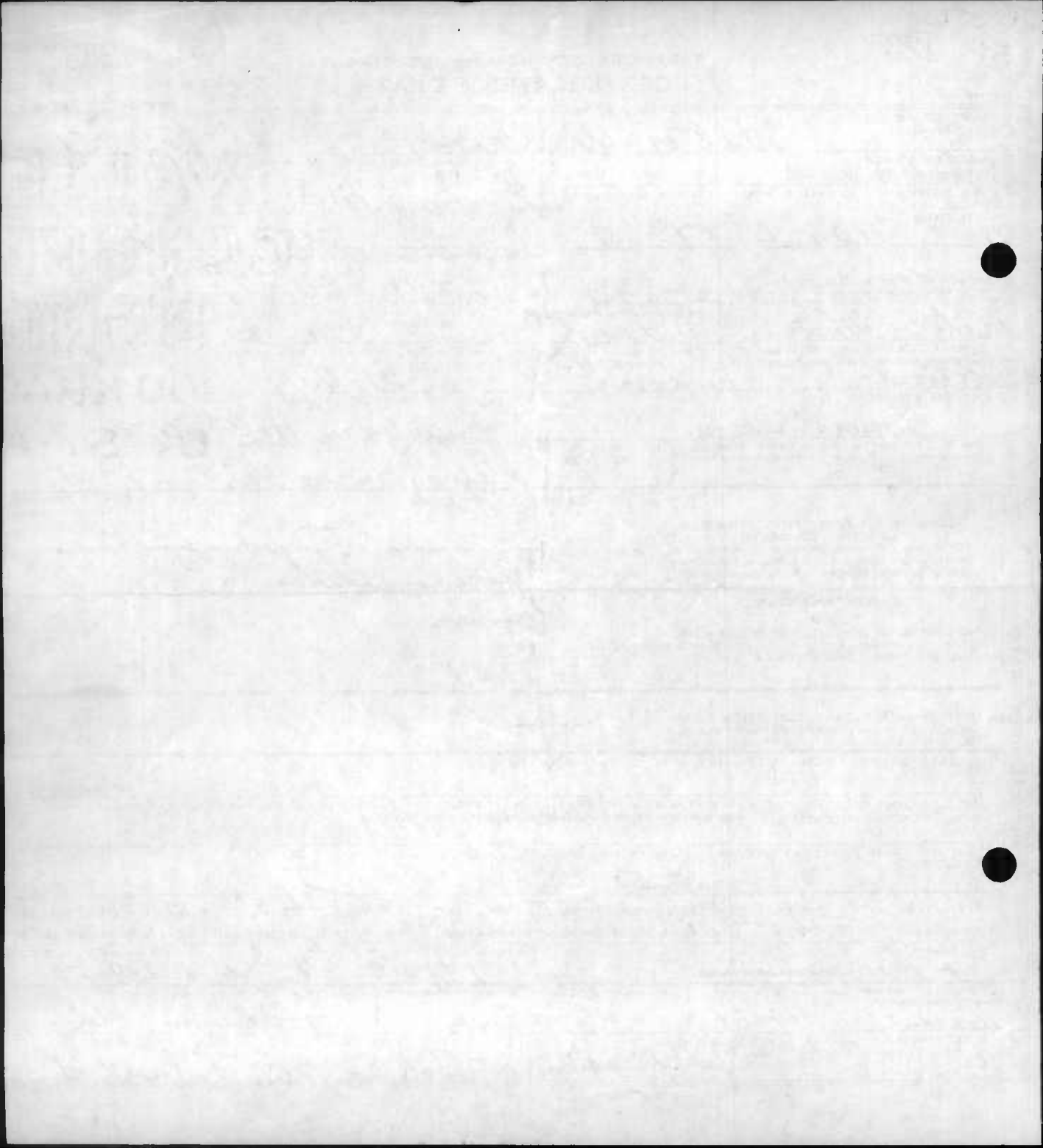
25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

92D



216
51 1236BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1236

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willis L. Washburn

2. DATE
OF
DEATH

2/7/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

119 W. Mosker st.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2/14/1894

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10b. KIND OF BUSINESS OR
INDUSTRYStationary
Engineer

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Washburn

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

216-12-0139

17. INFORMANT

ADDRESS

Margaret Washburn 119 W. Mosker st

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Artery Disease

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1951, to 2/7, 1951, that I last saw the
deceased alive on 2/7, 1951, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE

Edward O. Taccini

M. D.

23b. ADDRESS

1847 W. Knot Ln

23c. DATE SIGNED

2/9/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

2/9/51

24c. NAME OF CEMETERY OR CREMATORY

Moreland Park

24d. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

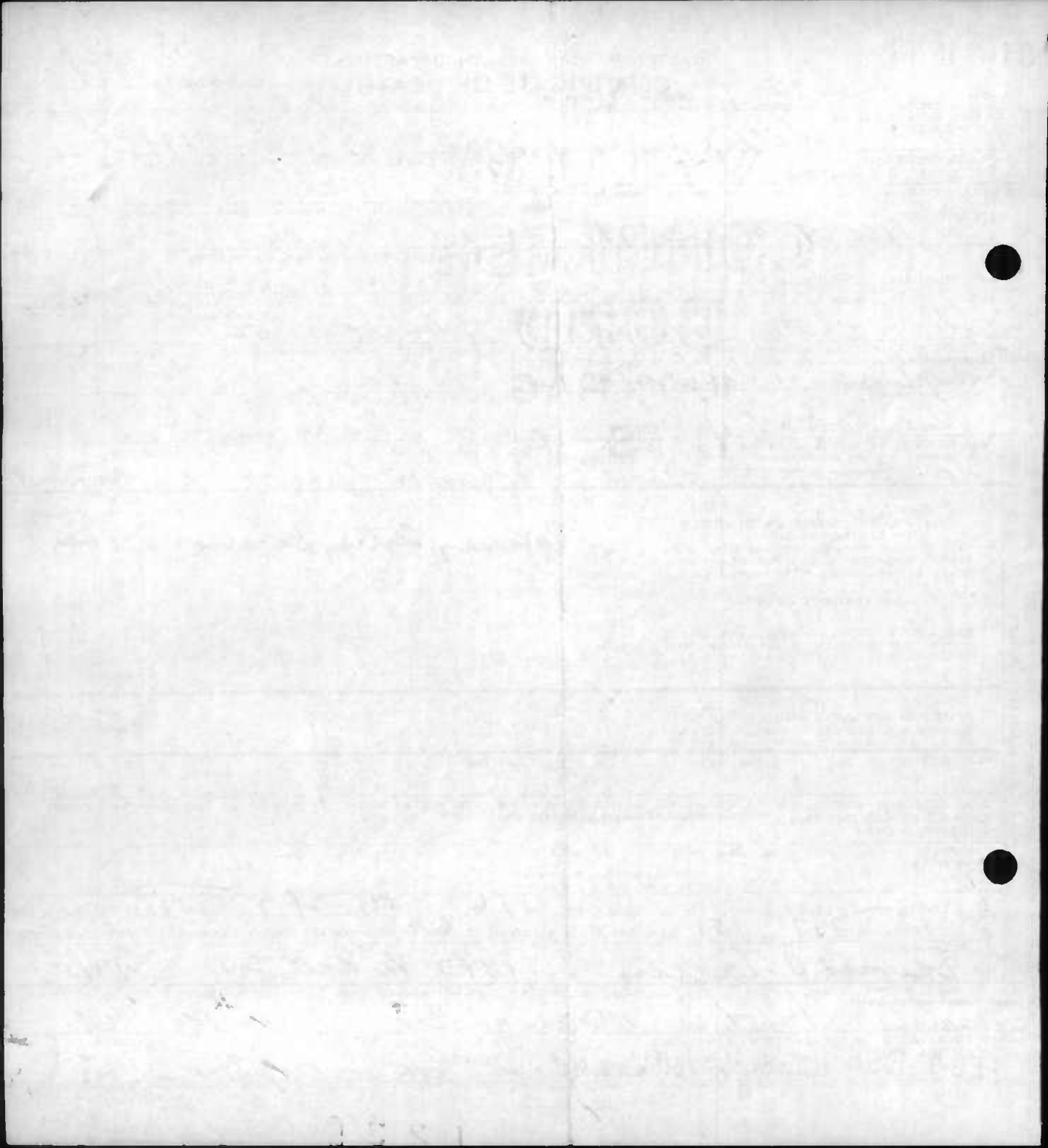
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul st.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1237**

BIRTH NO. **5111237**

1. NAME OF DECEASED (Type or Print) ROBERT FRANKLIN HOBBS			2. DATE OF DEATH FEB. 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY CARROLL		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HARRIOTTSVILLE 5600		
C. Length of stay in Baltimore 1 DAY			D. STREET ADDRESS (If rural, give location) NONE. (RURAL: SOAPSTONE BOTTOM)		
5. SEX M	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB. 2, 1951		9. AGE (In years last birthday) Months: 5 Days: 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) HARRIOTTSVILLE, MARYLAND	
13. FATHER'S NAME ARTHUR HOBBS			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS Mothers via Birth Certificate MD HARRIOTTS	

1B. 773.0 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) SCLEREMA		
DUE TO		
ANTECEDENT CAUSES (B) —		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) —		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —		

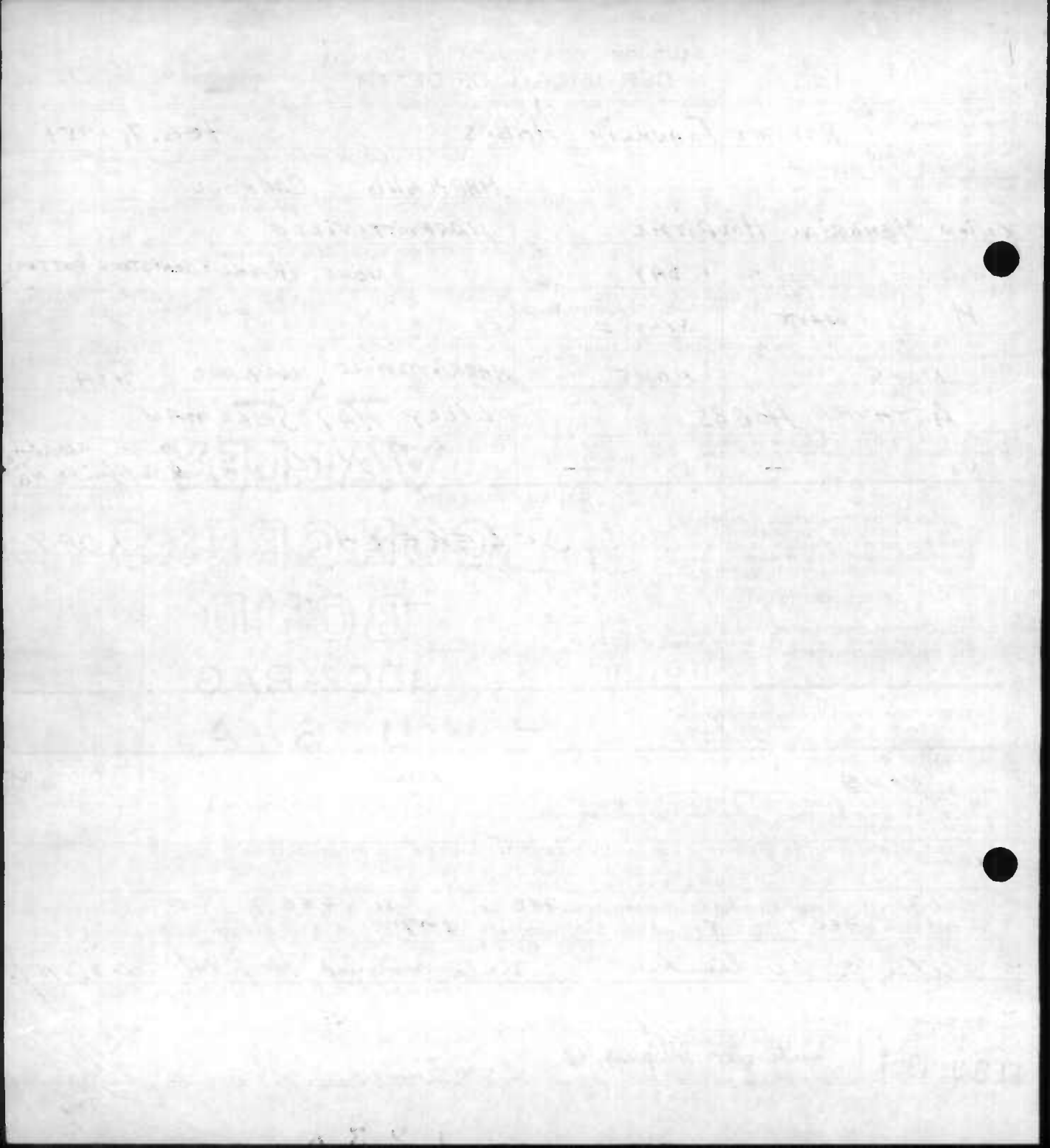
19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **FEB 6**, 1951, to **FEB 7**, 1951, that I last saw the deceased alive on **FEB 7**, 1951, and that death occurred at **4:45 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE **Allen J. Wolinsky** M. D. 23B. ADDRESS **Union Memorial Hospital** 23C. DATE SIGNED **Feb 8, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2-10-51** 24C. NAME OF CEMETERY OR CREMATORY **Springfield** 24D. LOCATION (City, town, or county) (State) **Hydenville, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 9 1951** REGISTRAR'S SIGNATURE **Wm. J. Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **C. H. Zuer - Hydenville, Md.**



51 1238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1238
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Coggins

2. DATE
OF
DEATH

2/6/1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3214 Auchenoroly Terrace

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/2/1883

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Book Keeper

10b. KIND OF BUSINESS OR
INDUSTRY

Q.F. of L. Publishers

13. FATHER'S NAME

John Coggins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-03-6706

17. INFORMANT

Claude W. Coggins Auchenoroly Ter.

18. 443 X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Hypertensive Heart
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Chronic Hypertension

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

- none

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1949 to Feb. 6, 1951, that I last saw the
deceased alive on Feb. 6, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Paul L. Chamberlain

23b. ADDRESS

4108 Liberty Hts.

23c. DATE SIGNED

2/9/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

2/9/51

24c. NAME OF CEMETERY OR CREMATORY

Woodlawn

24d. LOCATION (City, town, or county) (State)

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Cook Inc.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St

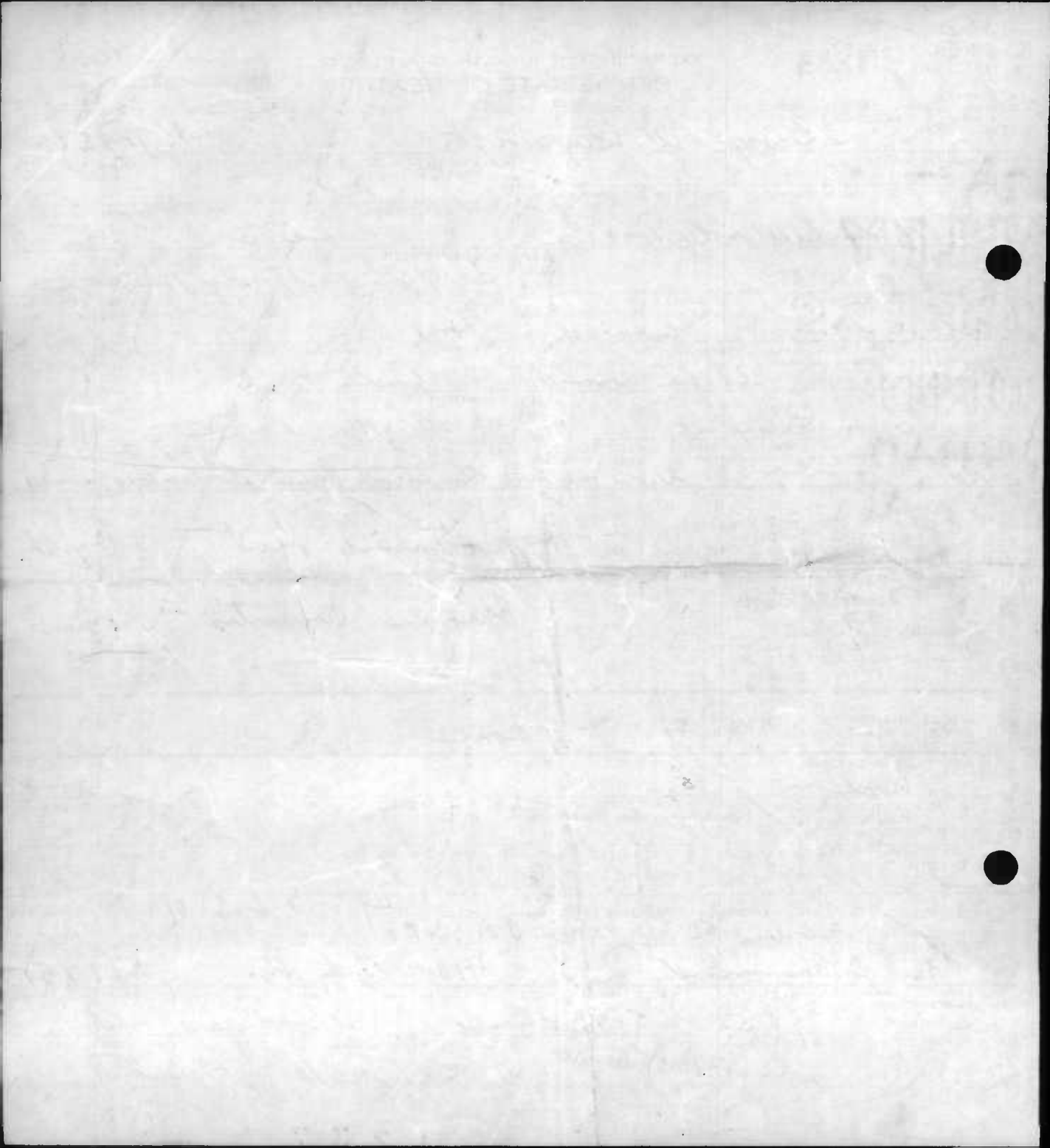
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MEDICAL CERTIFICATION



25251 1239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1239

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Askins

2. DATE
OF

DEATH Feb. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

510 North Dallas Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

510 North Dallas Street

Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 19, 1896

9. AGE (in years last birthday)

54

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

Pool-Room

11. BIRTHPLACE (State or foreign country)

Baltimore City Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Askins

14. MOTHER'S MAIDEN NAME

Mary Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Askins 510 Dallas Street

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/18, 1949, to 1/2, 1951, that I last saw the deceased alive on 7/2, 1951, and that death occurred at 8P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

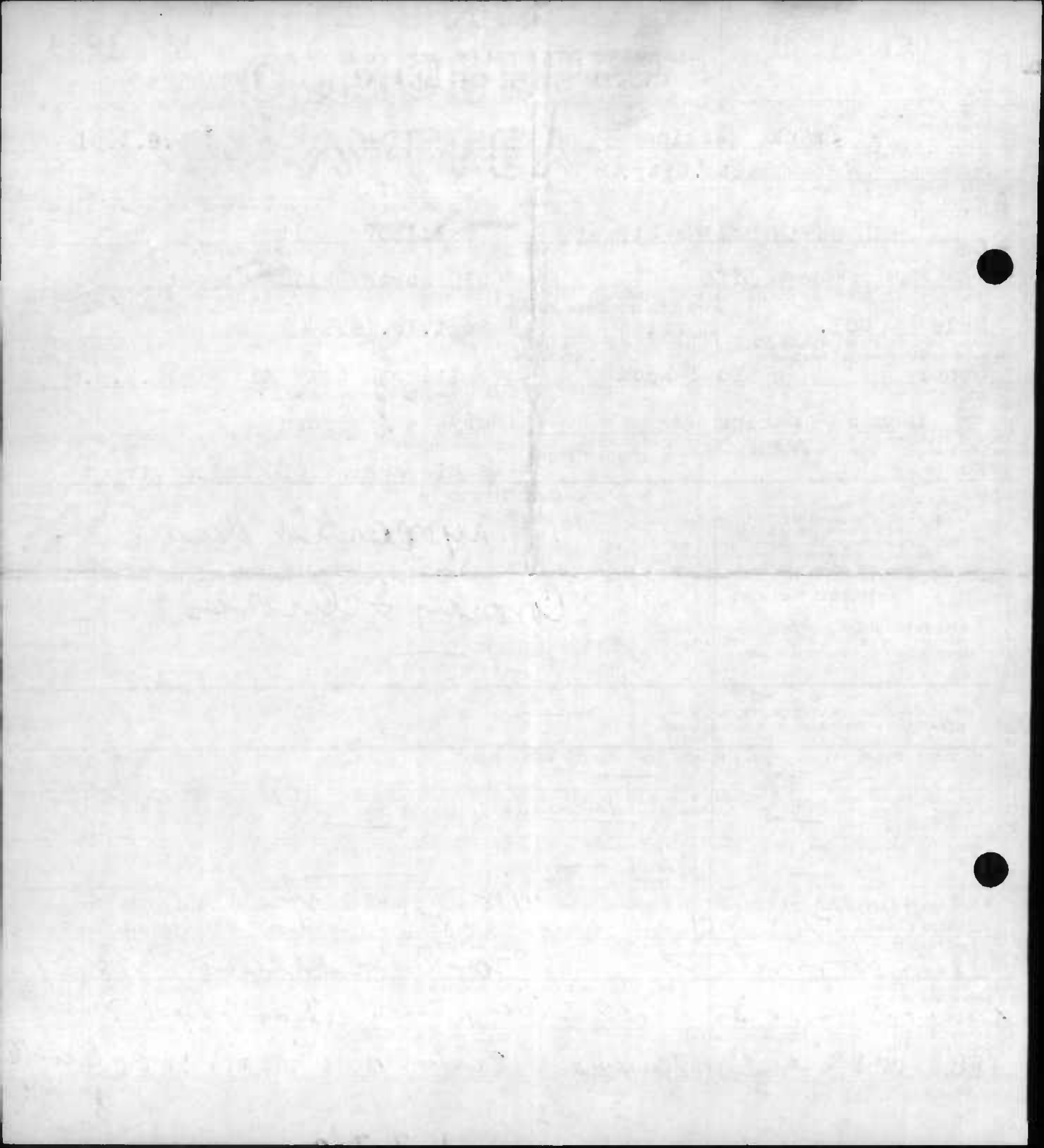
Choy O. Wilson 1000 Brandy

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94a

MEDICAL CERTIFICATION



600 51 1240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1240

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Crue

(CHARLES EDWARD CRUE)

2. DATE
OF
DEATH

92-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville P.O.

D. STREET ADDRESS (If rural, give location)

Falls Road

5200

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 9, 1900

9. AGE (In years last birthday)

50

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Well Driller

10B. KIND OF BUSINESS OR INDUSTRY

Well Drilling Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Crue

14. MOTHER'S MAIDEN NAME

Queen L. Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

216-10-1055

17. INFORMANT

ADDRESS

Mrs. Charles E. Crue, Cockeysville, Md.

CAUSE OF DEATH

18. 442X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebro-vascular accident

24 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vasc. D.

DUE TO

(C)

Possible renal pathology

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

P

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1951, to 2-8, 1951, that I last saw the deceased alive on 2-8, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Broadbent

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

2-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Grace Methodist Cemetery

24D. LOCATION (City, town, or county)

Falls Rd., Cockeysville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 1951

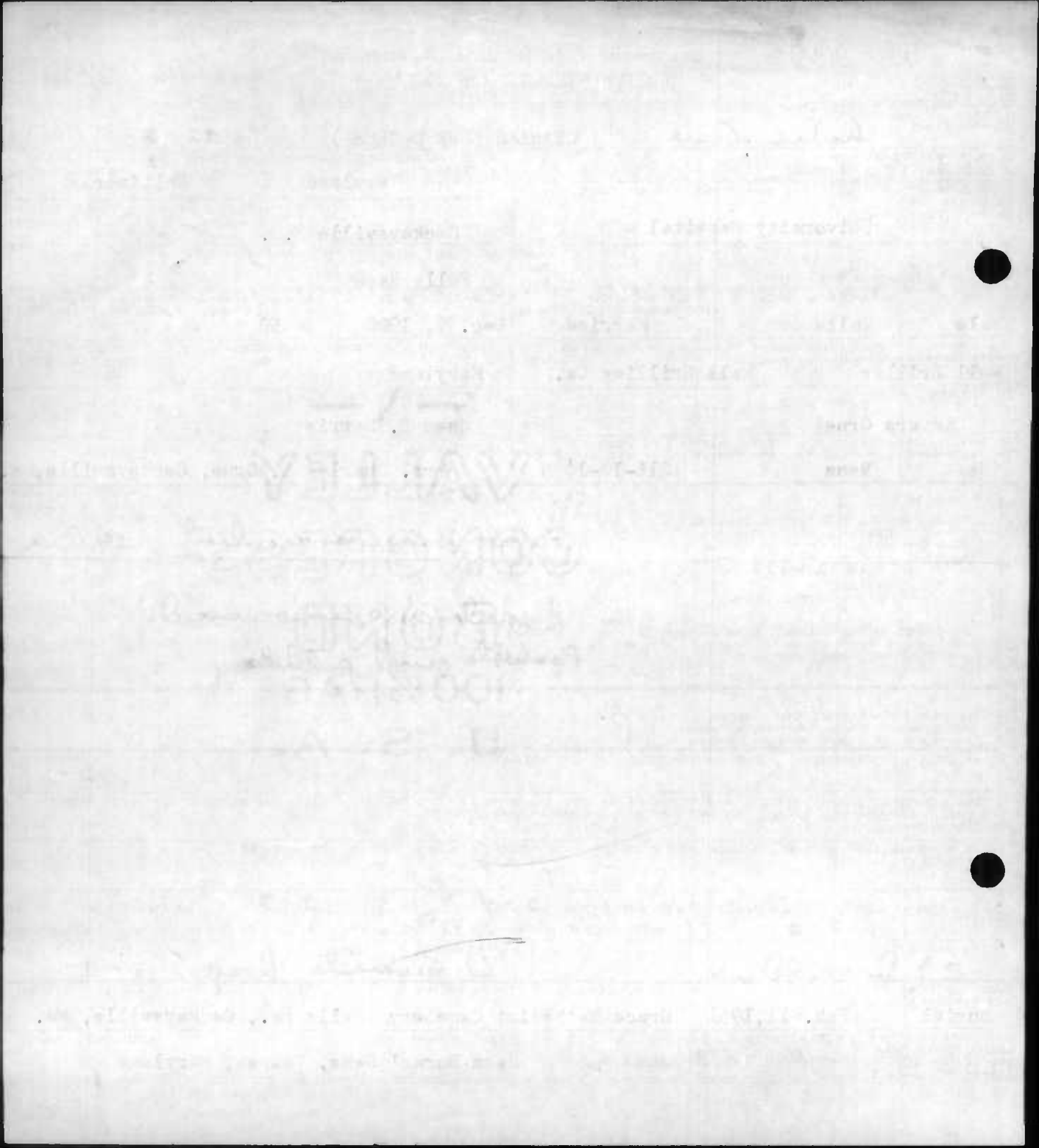
REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John Burns' Sons, Towson, Maryland



BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Blanche M. Willey

2. DATE
OF
DEATH

2-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1919 Oak Hill Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md. Dorchester

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Taylors Island Taylors Is. Md.

D. STREET ADDRESS (If rural, give location)

RFD

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widow

8. DATE OF BIRTH

Aug. 17, 1858

9. AGE (In years; last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
home

11. BIRTHPLACE (State or foreign country)

Dorchester, Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis J. Horseman

14. MOTHER'S MAIDEN NAME

Isabelle Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Byron Willey, Taylors Island, Md.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

4 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CEREBRAL ARTERIOSCLEROSIS

2 YRS.

DUE TO

(C) GENERAL ARTERIOSCLEROSIS

10 YRS.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1-1947, to Feb-7, 1951, that I last saw the deceased alive on Feb 6, 1951, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Norman R. Kleiman M.D.

3803 Edmondson Ave

2-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-11-51

24C. NAME OF CEMETERY OR CREMATORY

Taylors Island Cem.

24D. LOCATION (City, town, or county) (State)

Dorchester, Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

Walter J. Williams, M.D.

Howard H. Hubbard, 2503 Edmondson Ave

RECEIVED 3-10-51 1950

VALLEY

COOPER

AND

TRIPAG

U.S.A.

250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1242

Registered No.

BIRTH NO. 1242

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Tyson</i>				2. DATE OF DEATH <i>Feb. 5, 1951</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1204 Whitlock St.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-03</i>			
c. Length of stay in Baltimore <i>28 years</i>				D. STREET ADDRESS (If rural, give location) <i>1204 Whitlock St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 7, 1900</i>	9. AGE (In years last birthday) <i>50</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Hampton, Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Charles Williams</i>				14. MOTHER'S MAIDEN NAME <i>Ollie ?</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Richard Tyson Whitlock St.</i>			
18. <i>170X and 002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CARCINOMA - 14 mos</i> DUE TO <i>14 mos</i>				CAUSE OF DEATH (A) <i>CARCINOMA - 14 mos</i> (B) <i>14 mos</i> (C) <i>14 mos</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pulmonary tuberculosis. 4 yrs</i>				OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>4 yrs</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2.13</i> , 19 <i>50</i> , to <i>2.5</i> , 19 <i>51</i> that I last saw the deceased alive on <i>2.4</i> , 19 <i>51</i> and that death occurred at <i>10:35 p.m.</i> from the causes and on the date stated above.							
23A. SIGNATURE <i>[Signature]</i>				23B. ADDRESS <i>200 EAST MADISON ST. BALTIMORE, M.D.</i>		23C. DATE SIGNED <i>2-7-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 9, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbiter's Mem. Ch. Bldg. Co. Md.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 9 1951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>1651 David Hill Ave.</i>			

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1

635
51 1243BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1243

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LULA JORDAN

2. DATE
OF
DEATH

Feb. 7 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

50

Yrs.
Mons
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-01

D. STREET ADDRESS (If rural, give location)

432 Payson St N.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 25-1890

9. AGE in years
last birthday

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Hudson

14. MOTHER'S M maiden NAME

Martha Wally.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Martha Boyd (Daughter) 432 Payson

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chronic Glomerulonephritis

ANTECEDENT CAUSES

(B)

DUE TO

Diabetes Mellitus

?

28 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1951, to Feb 7, 1951 that I last saw the deceased alive on Feb 6, 1951, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. SANITARY DIRECTOR

ADDRESS

VS 150

(F.K. Adams)

10001242

61

MEDICAL CERTIFICATION

1915

JORDAN

1915

20

1915

1915

1915

1915

1915

1915

1915

1915

1915

1915

Baltimore City Health Department CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 057.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

ML

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/8, 1951, to 2/8, 1951, that I last saw the deceased alive on 2/8, 1951, and that death occurred at 5:51 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Other culture findings
are available - would
you please advise us
of probable etiology?

SeeCD Card # 10839 confirming meningococcus meningitis
2/14/1951 ES

Also see Document File 51-1244
2/21/51 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1245

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Samuel P. Platt</i>		2. DATE OF DEATH <i>Feb. 8, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>616 E. 41st St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>616 E. 41st St. Stg-01</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>Baltimore Md</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 9, 1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Secondary School Teacher</i>		9. AGE (In years last birthday) <i>80</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ohio</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Matthew Platt</i>		14. MOTHER'S MAIDEN NAME <i>Delia Bazzard</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <i>Mrs. Bettie E. Platt - 616 E. 41st St.</i>	

<p>18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>Coronary Occlusion</i> DUE TO</p> <p>(B) <i>Myocarditis. Coronary Sclerosis</i> DUE TO</p> <p>(C) <i>Age, previous attack of coronary thrombosis 1950</i></p>	<p>INTERVAL BETWEEN ONSET AND DEATH <i>15 minutes.</i></p>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

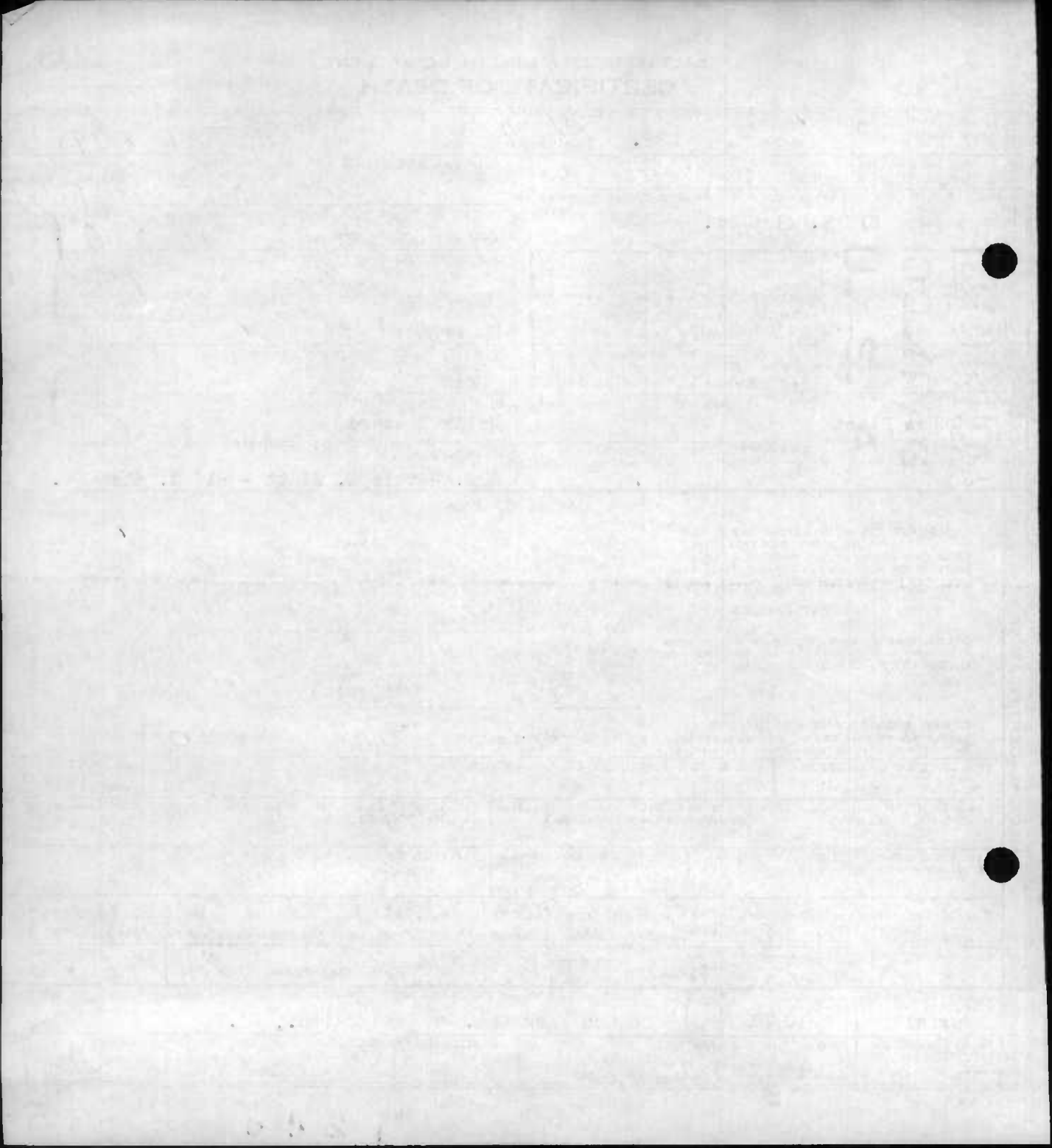
22. I hereby certify that I attended the deceased from *February 17, 1950*, to *Feb. 8, 1951*, that I last saw the deceased alive on *Feb. 8, 1951* and that death occurred at *8:45 Am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Bettie E. Platt</i>	23B. ADDRESS <i>3812 Greenmount Ave</i>	23C. DATE SIGNED <i>Feb. 8 '51</i>
--	--	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/10/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 9 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md</i>	25. FUNERAL DIRECTOR <i>Wm. J. Lickner & Sons - Balto Md</i>	ADDRESS <i>93E</i>
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MEDICAL CERTIFICATION



552

51 1246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 1246

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
(If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OF RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

Feb. 8. 51

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 156.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

4 mos.

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1950, to Feb. 8, 1951, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL: CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1951

VS 150

MEDICAL CERTIFICATION

46F

Was there in deceased's
clinical history any indication
of possible primary site of the malignancy?

"no indication in deceased's clinical history of primary site"

"Liver, probable site at death" (secondary)

See Document File 51-1246 2/19/51 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1247**

BIRTH NO. **124757-02790**

1. NAME OF DECEASED (Type or Print) JANET DARLENE BORKOWSKI		2. DATE OF DEATH 2-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write U.R.A.L. and give township) BALTIMORE 26-05	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6430 O'Donnell ST.	
5. SEX FEMALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-7-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Baltimore	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Julian Joseph Borkowski		14. MOTHER'S MAIDEN NAME Theresa Mary Zabkowski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Julian J. Borkowski		ADDRESS 6430 O'Donnell St.	

18. 7600 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intermittent hemorrhage DUE TO Birth trauma		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-8 , 19 51 , to 2-9-51 , 19 51 , that I last saw the deceased alive on 2-9 , 19 51 , and that death occurred at 7 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. W. Solomon		23B. ADDRESS Bm Sumner		23C. DATE SIGNED 2-8-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 10 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cmn	
24D. LOCATION (City, town, or county) (State) Baltimore County		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Walter G. Williams	
24G. FUNERAL DIRECTOR John W. Welby		24H. ADDRESS 401 S. Chester St.			

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

On the _____ day of _____ 19____

at _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1248
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2731 Eastern ave

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 13 / 1890

9. AGE (In years last birthday)

60 61

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McDonald

14. MOTHER'S MAIDEN NAME

Anna Murdoch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 2731

George A. Kelly Eastern ave

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension Cardio-Vascular System

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 9, 1957, to Feb. 6, 1957, that I last saw the deceased alive on Feb. 6, 1957, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Wm. H. Harkness

23B. ADDRESS

2529 Eastern Ave.

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 1957

Huntington Williams, Jr.

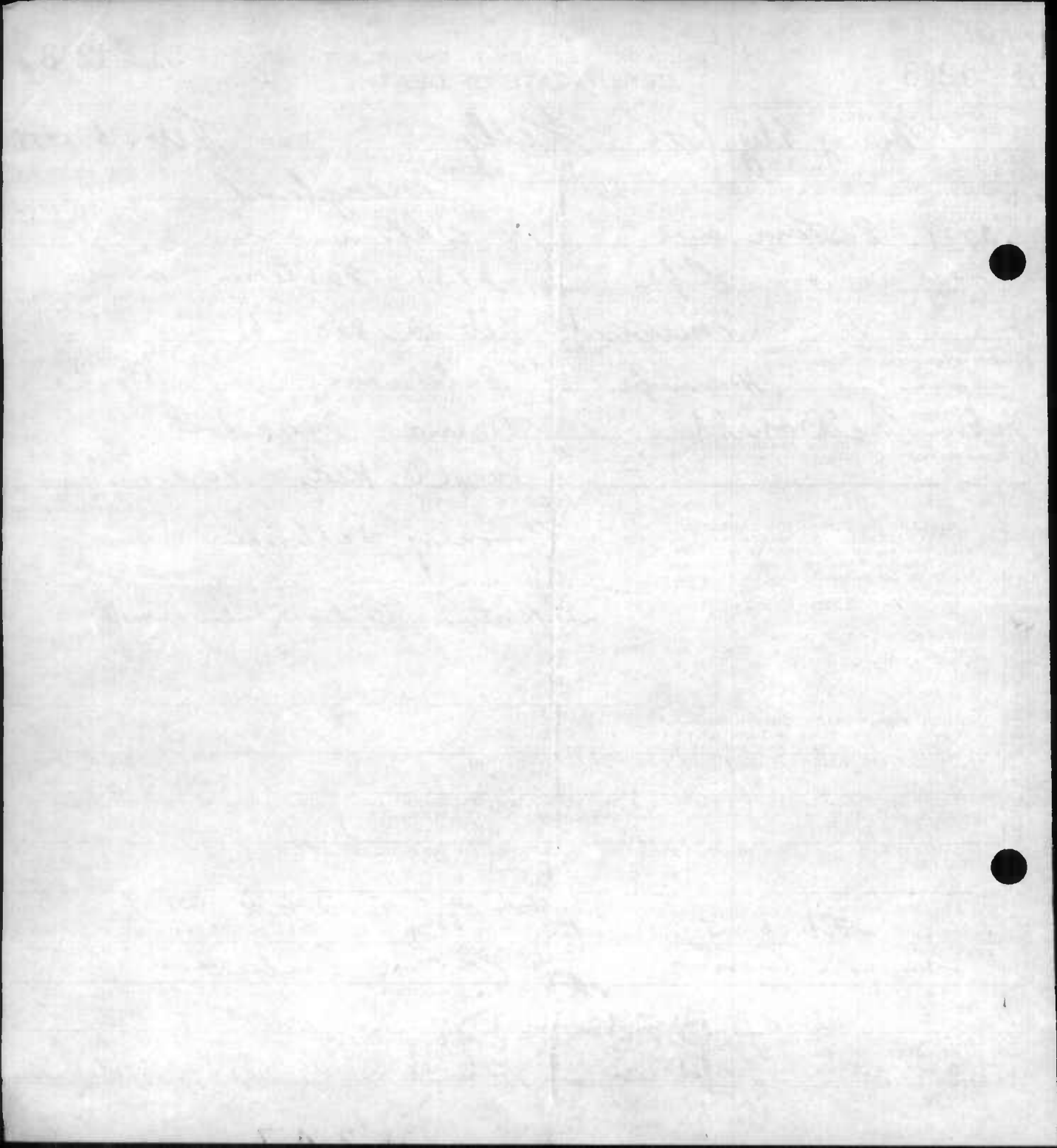
John M. Welby 401 S. Chester St.

VS 150

93D

MEDICAL CERTIFICATION

correct age is especially important. Please print.



66

51 1249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1249

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Francis Everhart

2. DATE
OF
DEATH

2/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3307 Guilford Avenue

C. CITY OR TOWN (If outside corporate limits, where RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3307 Guilford Avenue

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

80

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Broker

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Westminster, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Everhart

14. MOTHER'S MAIDEN NAME

Caroline Yingling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. J. F. Everhart 3307 Guilford Ave.

18. *4 to 1 I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

*Coronary Thrombosis**2 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

*General Arterio Sclerosis**5 years.*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Feb 8, 1951, that I last saw the
deceased alive on Feb 7, 1951, and that death occurred at 7:41 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William F. Skillman

M. D.

23B. ADDRESS

6 E. Biddle St

23C. DATE SIGNED

*2/9/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/12/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 9 1951

William F. Skillman

25. FUNERAL DIRECTOR

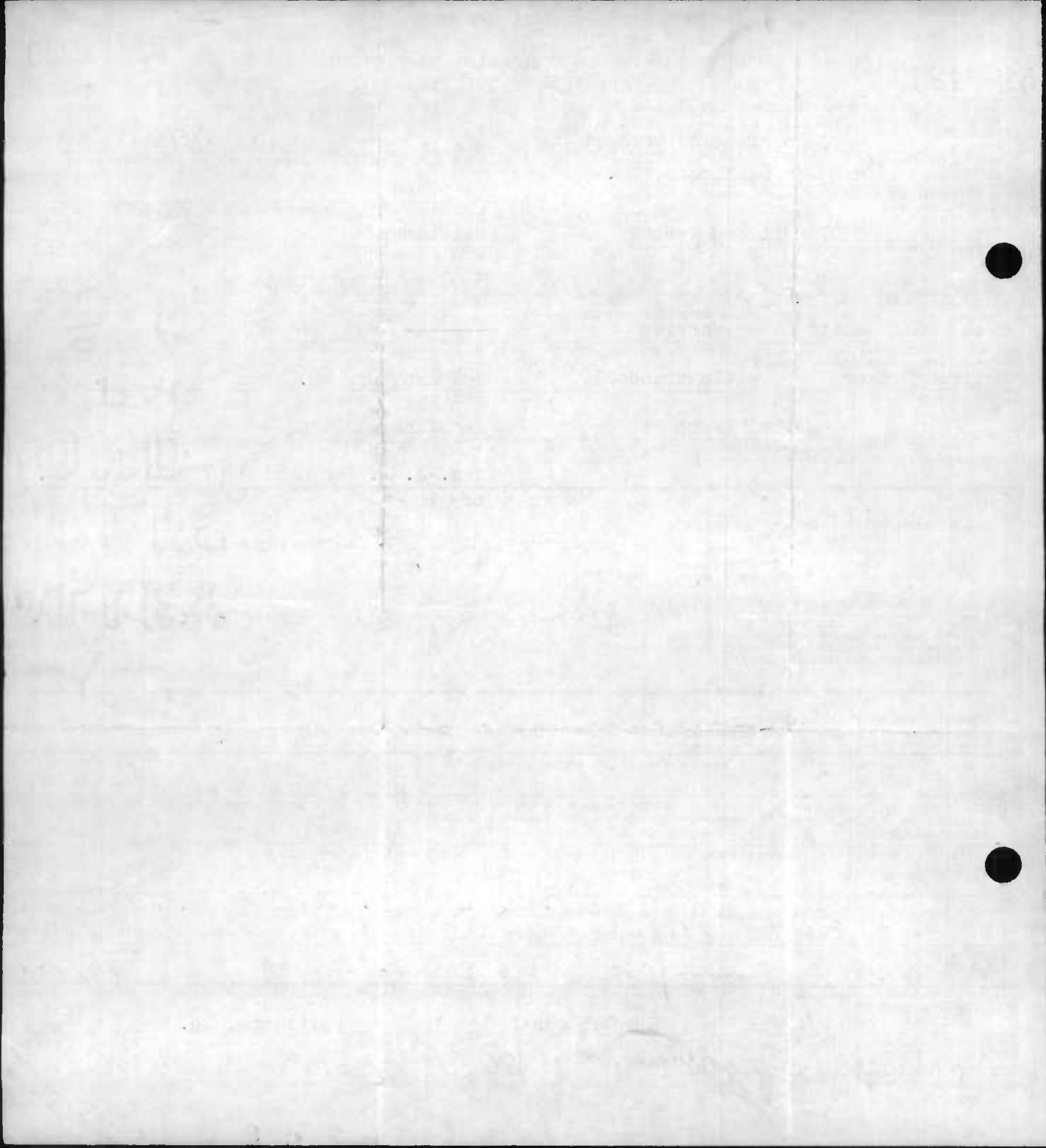
ADDRESS

26. W. Meads and Son 805 N. Calver St

VS 150

*Skillman**94a*

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1250
Registered No.

425
51 1250
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MANUETTA (MINNIE) TOLSON		2. DATE OF DEATH Feb. 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2233 Brunt St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Mar 28, 1899
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) St Mary's Co. Md.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Chas. Tolson		14. MOTHER'S MAIDEN NAME Lucy Whaley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Lewis Farmer 2233 Brunt St.	

18. 443 x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an **Insp. & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *Stanley S. Dineen* M.D. 23B. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED **Feb. 8, 1951**
ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

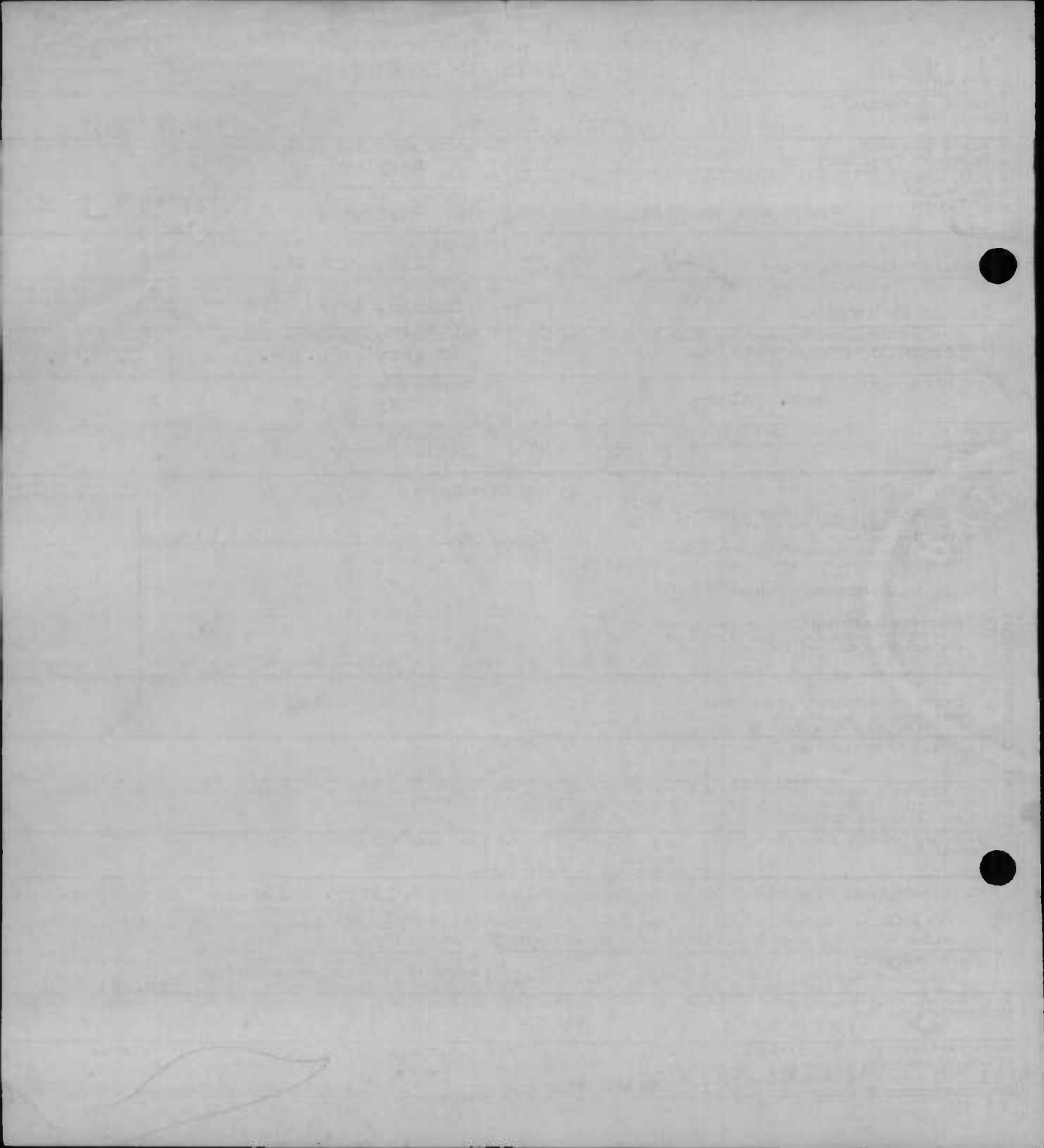
24A. BURIAL, CREMATION, REMOVAL (Specify) **REMOVED** 24B. DATE **2/12/51** 24C. NAME OF CEMETERY OR CREMATORY **Mt Auburn** 24D. LOCATION (City, town, or county) (State) **Md.**

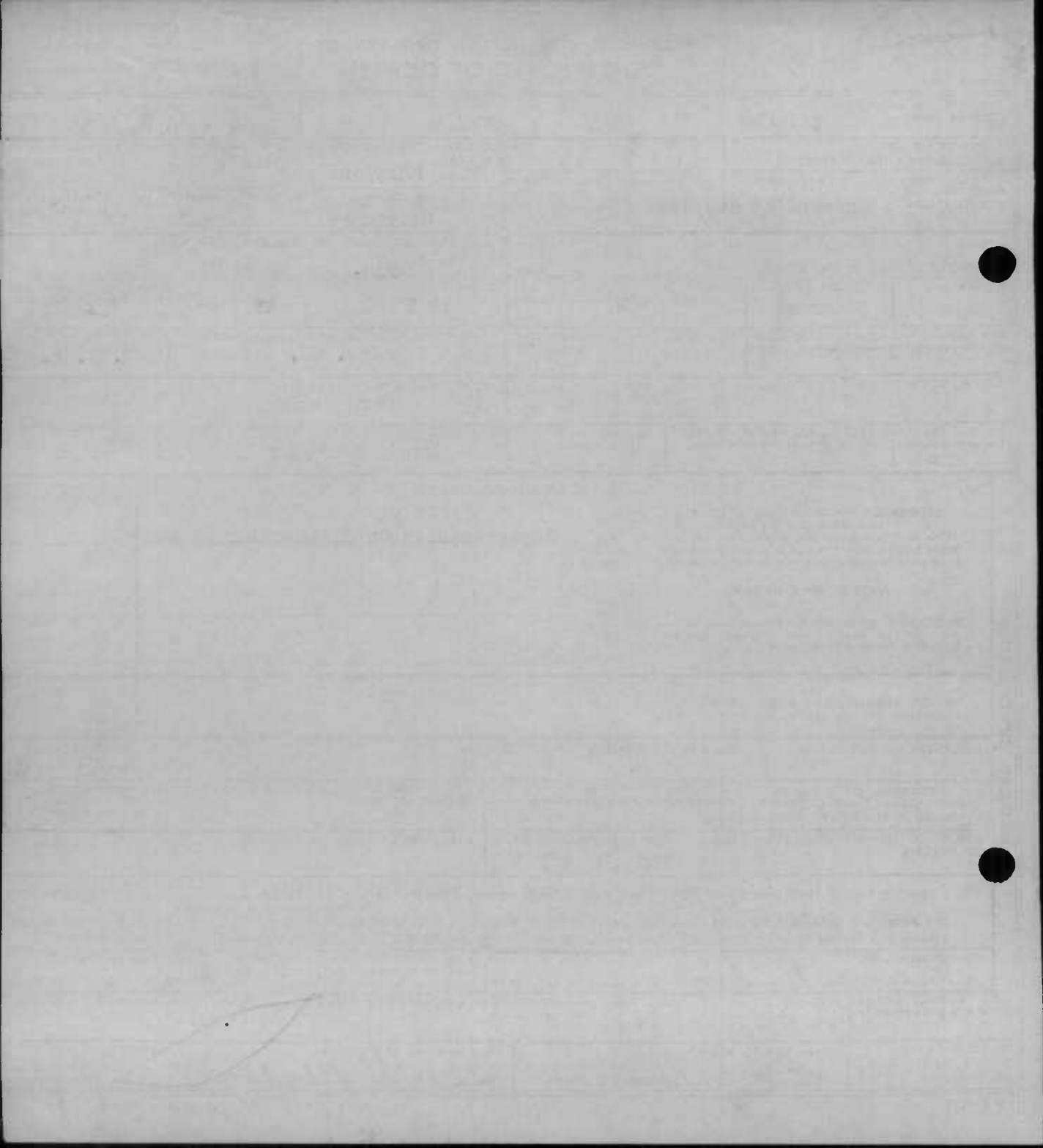
DATE RECEIVED BY LOCAL REGISTRAR **FEB 9 1951** REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR ADDRESS **Geo. G. Nelson 1203 Prentiss St.**

V S 151 **720FA** *Geo. G. Nelson* **93** ✓

MEDICAL CERTIFICATION

Correct age is especially important



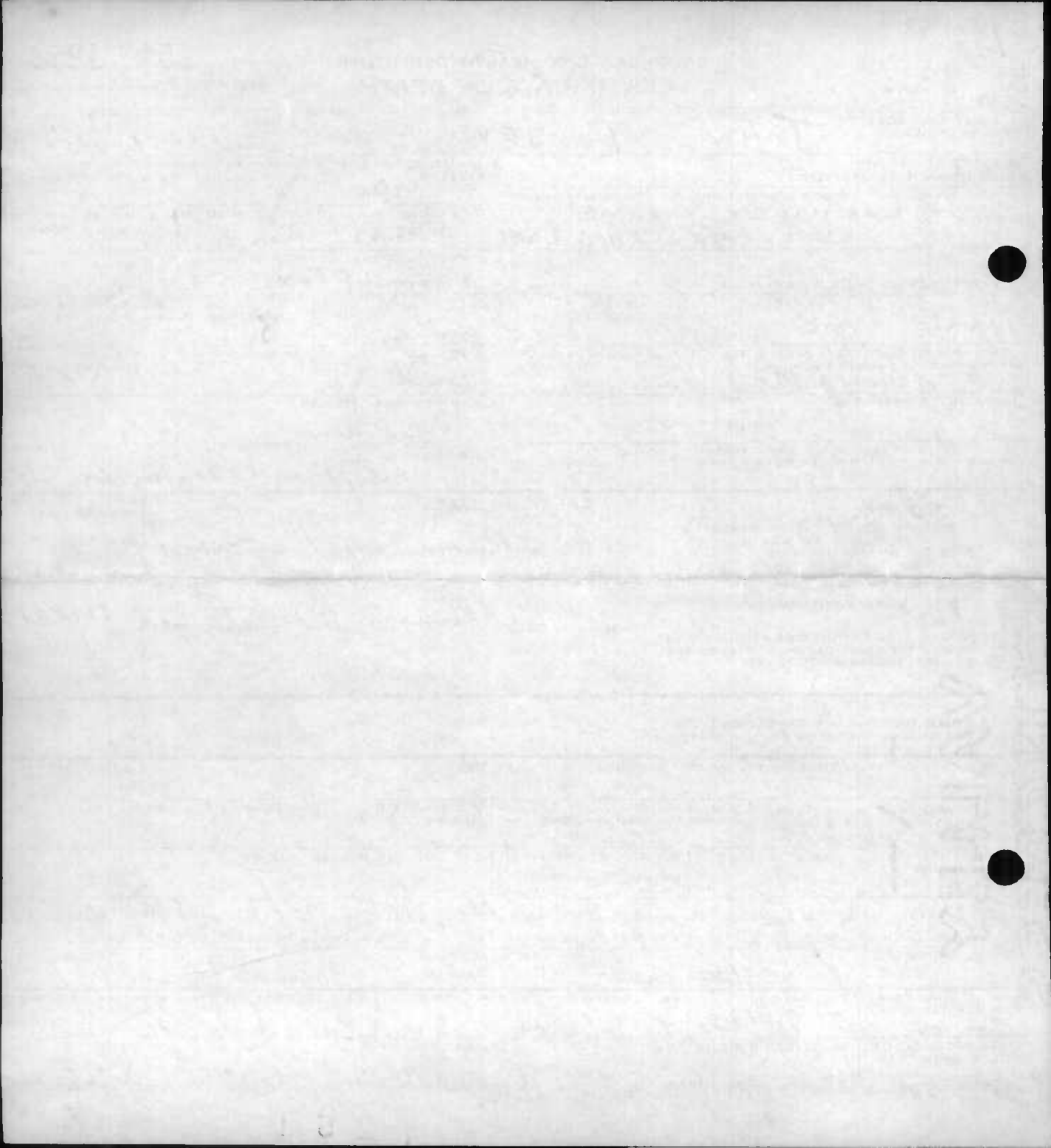


200
51 1252BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1252
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN POSEY		2. DATE OF DEATH FEB. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BAR WILBA HOME 2101 COLD SPRING LAKE BALTIMORE 17-03		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1310 UPTON ST.	
5. SEX MALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Unknown
9. AGE (In years, Months, Days) 88		10. AGE (In years, Months, Days) 88	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handing Mail		10B. KIND OF BUSINESS OR INDUSTRY Unknown	
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. John Jones		ADDRESS 1315 Upton St.	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Sigmoid DUE TO + Rectum & Metastasis 1 year		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/1 , 1951, to 2/6 , 1951, that I last saw the deceased alive on 2/5 , 1951, and that death occurred at 7:4 m., from the causes and on the date stated above.			
23A. SIGNATURE H. C. Jackson		23B. ADDRESS 600 N. Calverton Ave	
23C. DATE SIGNED 2/5/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-9-1951	
24C. NAME OF CEMETERY OR CREMATORY Mount Zion Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 1951		REGISTRAR'S SIGNATURE Joseph A. Ludy	
25. FUNERAL DIRECTOR Joseph A. Ludy		ADDRESS 661 West Bore St	

MEDICAL CERTIFICATION

Correct age is especially



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1253**

520
51 1253
BIRTH NO.

1. NAME OF DECEASED (Type or Print) (LELIA)			2. DATE OF DEATH Feb. 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1340 Druid Hill Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 6/3/1898	9. AGE (In years last birthday) 52	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Domestic		
11. BIRTHPLACE (State or foreign country) Brunswick, County, Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Malone			14. MOTHER'S MAIDEN NAME Lillian Wilkins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Velmond Grimsley (D)			ADDRESS Ave 515 Lafayette		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		
DUE TO Chronic bilateral pulmonary tuberculosis		
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (over)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dunsicker</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 8, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 12, 51	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat'l. Cemetery	24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 1951		REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>		25. FUNERAL DIRECTOR <i>Chas. Hoppe</i> ADDRESS 512 Carrollton Ave

7206A

13B L

See Document File 51-1253

Letter from Assistant Medical Examiner Stanley H. Durlacher
authorizing correction of death certificate as originally filed
3/13/1951 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1254
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Louise Agnes Adkins			2. DATE OF DEATH 2/8/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of Md.			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 15-47		
C. Length of stay in Baltimore 25 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3340 Clifton Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1888		9. AGE (In years, last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwp.		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Hebron, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John J. Hall			14. MOTHER'S MAIDEN NAME Sarah Ryan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS W.J. Adkins St Johns Lane Ellicott City		

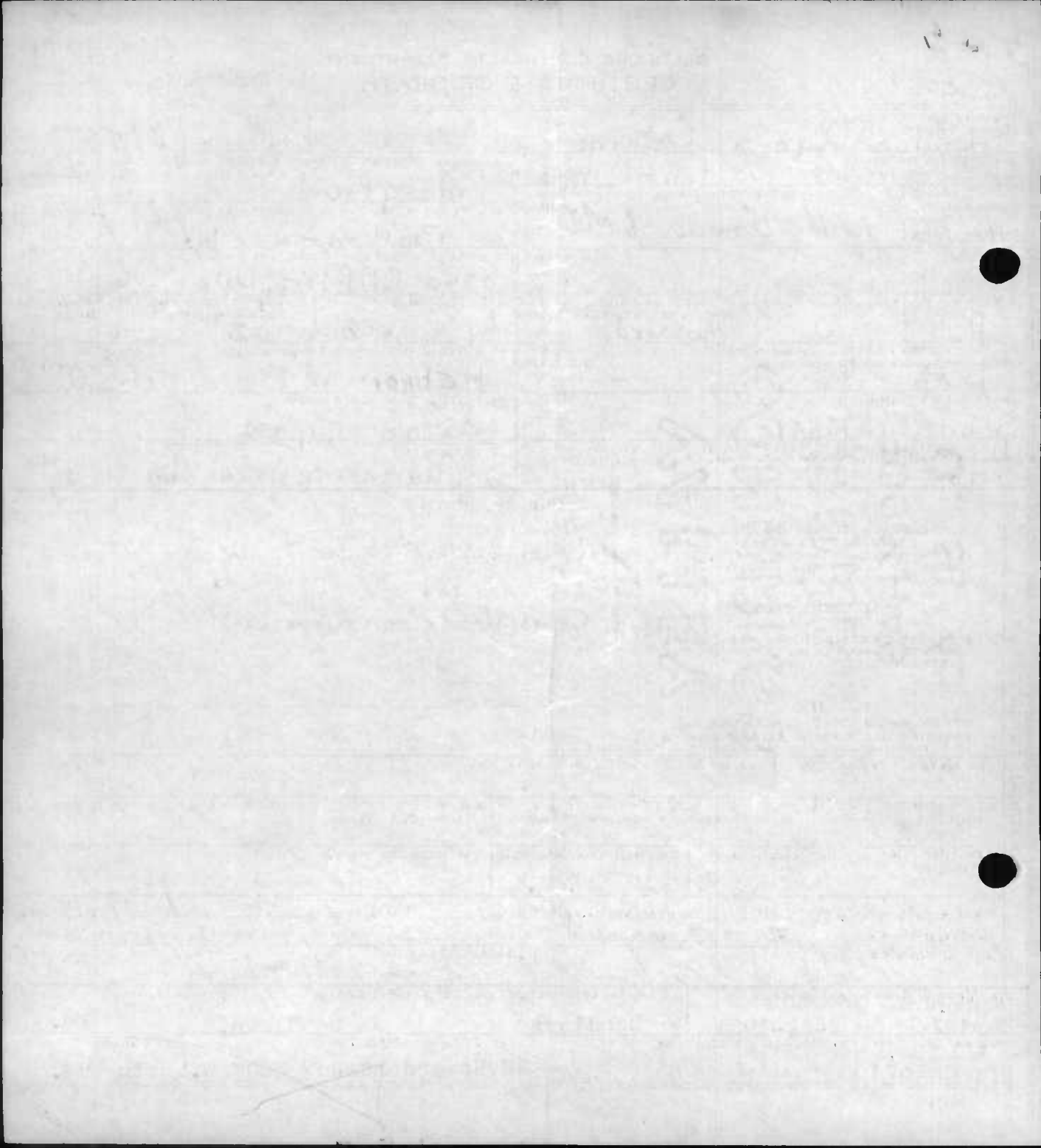
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Heart Disease (B) Cerebral arteriosclerosis (C) _____	CAUSE OF DEATH years and
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec 21**, 1950, to **Feb 8**, 1951, that I last saw the deceased alive on **Dec 28**, 1950, and that death occurred at **3:17 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE W. J. Adkins	23B. ADDRESS Womans Hospital	23C. DATE SIGNED 2-8-51
------------------------------------	-------------------------------------	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-12-1951	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 1951	REGISTRAR'S SIGNATURE W. J. Williams, Jr.	25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1255**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARENCE PETERSON			2. DATE OF DEATH February 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1329 N. Eden Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE ✓ Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 1329 N. Eden Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 55	10. Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel		
11. BIRTHPLACE (State or foreign country) N. C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Albert Peterson			14. MOTHER'S MAIDEN NAME Lurenia Morey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 220-18-2602		
17. INFORMANT Mary Peterson			ADDRESS 1329 N. Eden St		

18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brain Tumor (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH (over)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO 193		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>C. H. Williams</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED Feb. 9, 1951	
---	--	--	--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/12/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24D. LOCATION (City, town, or county) (State)	
--	--	-----------------------------	--	--	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR Joseph B. Lock, Jr.		ADDRESS 1304 N. Center	
----------------------------------	--	---	--	--	--	----------------------------------	--

FEB 9 1951
VS 151
97030
5413

MEDICAL CERTIFICATION

Mr. John Boyle on his routine stop at the morgue took this certificate back to Dr. Fisher, Chief Medical Examiner to ask if there was any indication whether this brain tumor was malignant or nonmalignant.

"The feeling was that it probably was cancerous"

3/5/51 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 1256

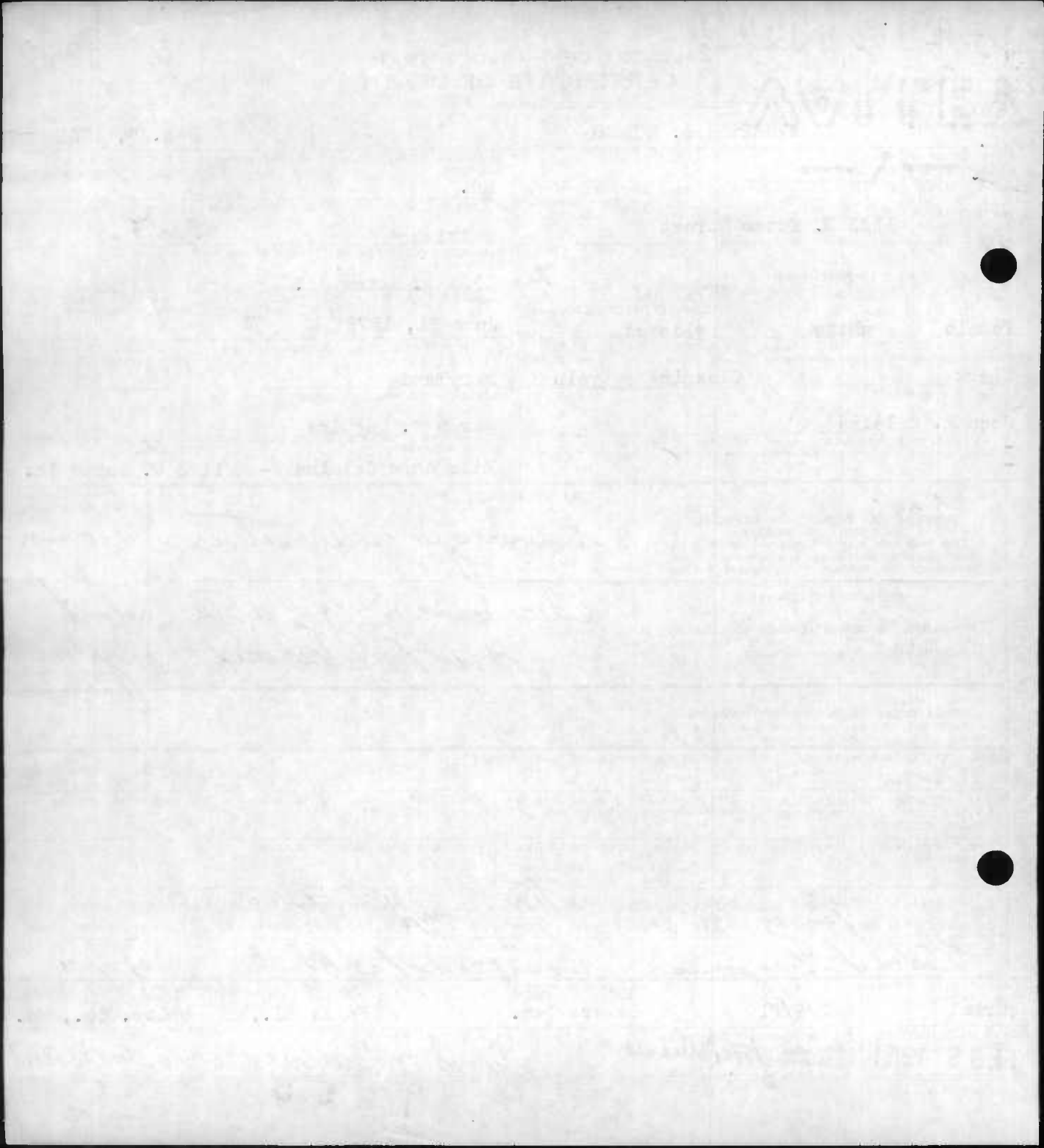
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) KATHERINE S. EUBANK			2. DATE OF DEATH Feb. 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1123 N. Eutaw Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1123 N. Eutaw St.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 21, 1879		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Cleaning & Dyeing	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME John F. Coleine			14. MOTHER'S MAIDEN NAME Sarah E. Maguire		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Anne Coleine - 1123 N. Eutaw St.		

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6-8 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma body of uterus and/or cervix		about 1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Nov 1948 to Feb 5, 1951 , that I last saw the deceased alive on Jan 24, 1951 and that death occurred at 5:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Nicholas J. Graziano		23B. ADDRESS 2802 Harford Rd		23C. DATE SIGNED 2/7/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/9/51		24C. NAME OF CEMETERY OR CREMATORY Saters Cem.		24D. LOCATION (City, town, or county) (State) Falls Rd., Balto. Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tichenor & Sons - Balto, Md		ADDRESS _____	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1257
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SOPHIA PERINZ

2. DATE
OF
DEATH

Feb. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3123 McElderry St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-01

C. Length of stay in Baltimore 67 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
3123 McElderry St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 25, 1878

9. AGE (In years last birthday)

72

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Mary Deckelman, daughter, above

18. 447X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardiovascular 5 yrs.
Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Acute Myocardial failure 28 hours

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 7, 1950 to Feb. 6, 1951, that I last saw the deceased alive on Feb. 6, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

FEB 9 1951

VS 150

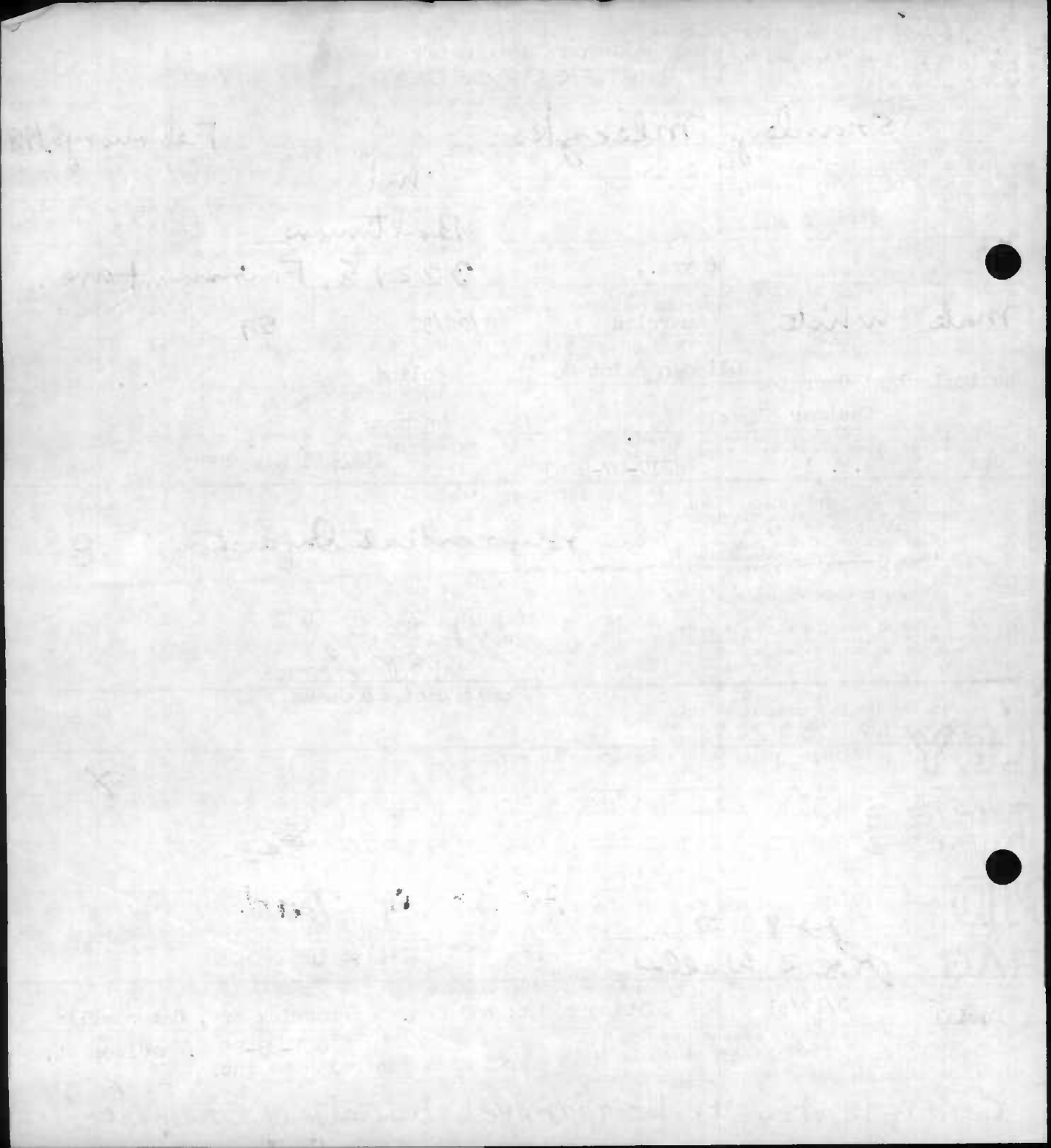
MEDICAL CERTIFICATION

51 1257

131a

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of burial place		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1259
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WILLIAM KNIGHT		2. DATE OF DEATH 2-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
Length of stay in Baltimore 61 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 822 S. ELLWOOD AVE #24	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6/6/89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor Retired		10B. KIND OF BUSINESS OR INDUSTRY Factory	9. AGE (In years last birthday) 61
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME JOHN T. KNIGHT		14. MOTHER'S MAIDEN NAME ANNIE DOLAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. _____	
17. INFORMANT EMMA KNIGHT		ADDRESS SAME	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Pulmonary Edema and Aspiration pneumonia DUE TO (B) Aspiration pneumonia DUE TO (C) SQUAMOUS CELL CARCINOMA (BRONCHIOGENIC), LEFT LUNG	INTERVAL BETWEEN ONSET AND DEATH 12 hrs 24 hrs 3 Mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

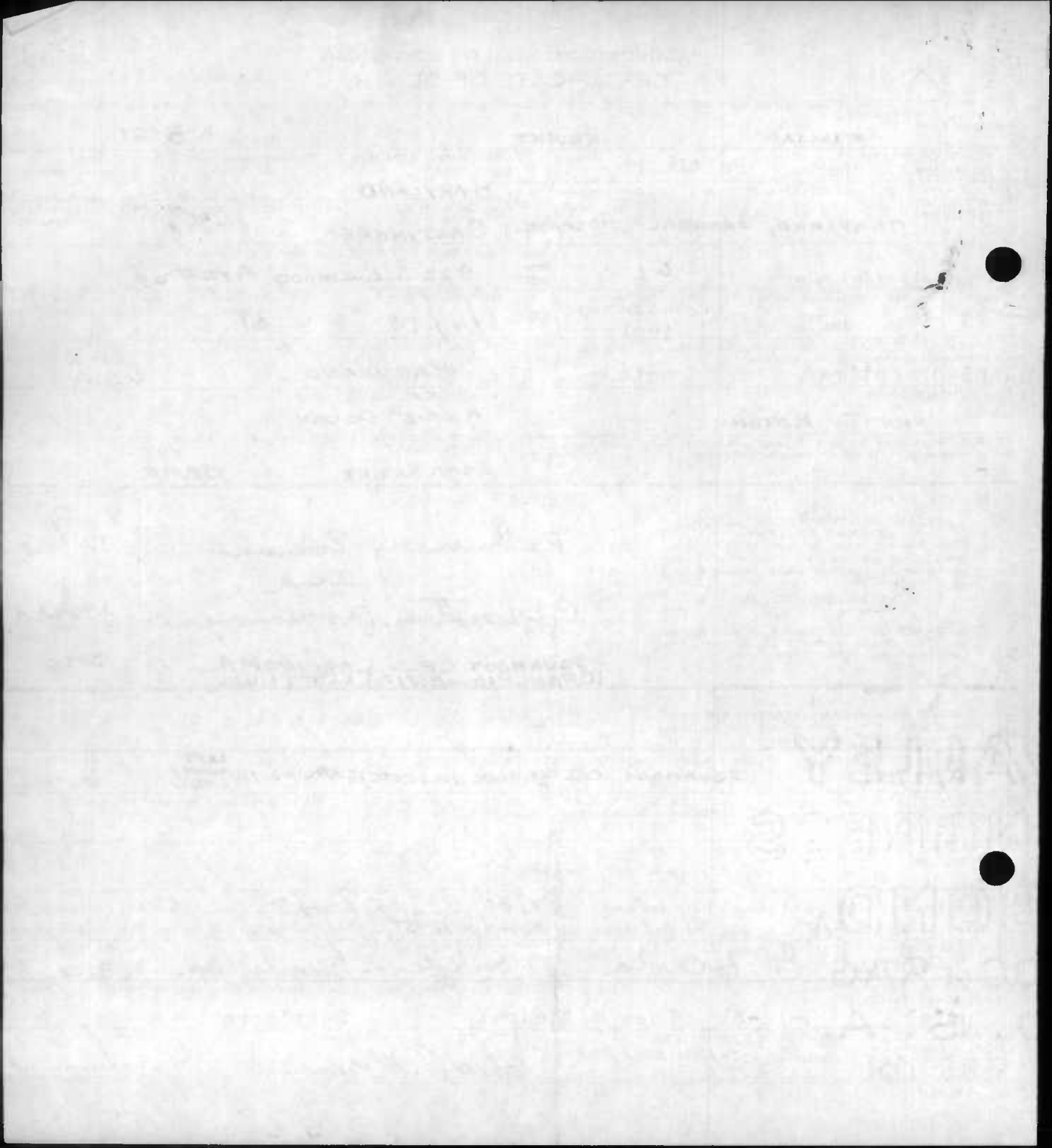
19A. DATE OF OPERATION 2/7/51		19B. MAJOR FINDINGS OF OPERATION SQUAMOUS CELL (BRONCHIOGENIC) CARCINOMA LEFT LOWER LOBE		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1/31 , 19 51 , to 2/8 , 19 51 , that I last saw the deceased alive on 2/8 , 19 51 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.				
23A. SIGNATURE Paul G. Herold M. D.		23B. ADDRESS Maryland General Hosp.		23C. DATE SIGNED 2/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-12-51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Baltimore St.	

7704X

258

47c



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1260
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rosa B. Abendschoen

2. DATE
OF
DEATH

2/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1413 Covington St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1413 Covington St

length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

62

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Hunt

14. MOTHER'S MAIDEN NAME

Rosa Fritz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Abendschoen 1413 Covington St.

18. *4221*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Antemortem lactic acid disease

DOE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DOE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from *Autopsy, Inspection or Inquiry* the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Heale

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

2/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 12th 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Hunt

25. FUNERAL DIRECTOR

R. B. Heale

ADDRESS

121 E. West St.

CERTIFICATE OF DEATH
CITY OF NEW YORK

STATE OF NEW YORK

IN SENATE
January 1, 1900

REPORT OF THE
COMMISSIONER OF HEALTH

FOR THE YEAR 1900

ALBANY: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

NEW YORK: J. B. LIPPINCOTT & CO., 1901

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Howard W. Metzger Jr

2. DATE OF DEATH

Feb. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

7 E. Hanover

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

same

B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

23-02

D. STREET ADDRESS (If rural, give location)

7 E. Hanover

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

July 14, 1937

9. AGE (In years last birthday)

13

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Howard W. Metzger

14. MOTHER'S MAIDEN NAME

Anna E. Geisler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Howard W. Metzger Jr 7 E. Hanover

18. *375.4*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Malnutrition - dehydration, inability to assimilate food or fluids.*

two or three months.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) *Mongolism*

Con-genital.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *birth*, 19 *37*, to *Feb. 9, 1951*, that I last saw the deceased alive on *Feb. 7, 1951*, and that death occurred at *29* m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

23B. ADDRESS

1226 Hanover Street,

23C. DATE SIGNED

2/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

Green Lawn

24D. LOCATION (City, town, or county)

aa-b

(State)

Ma

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 - 1951

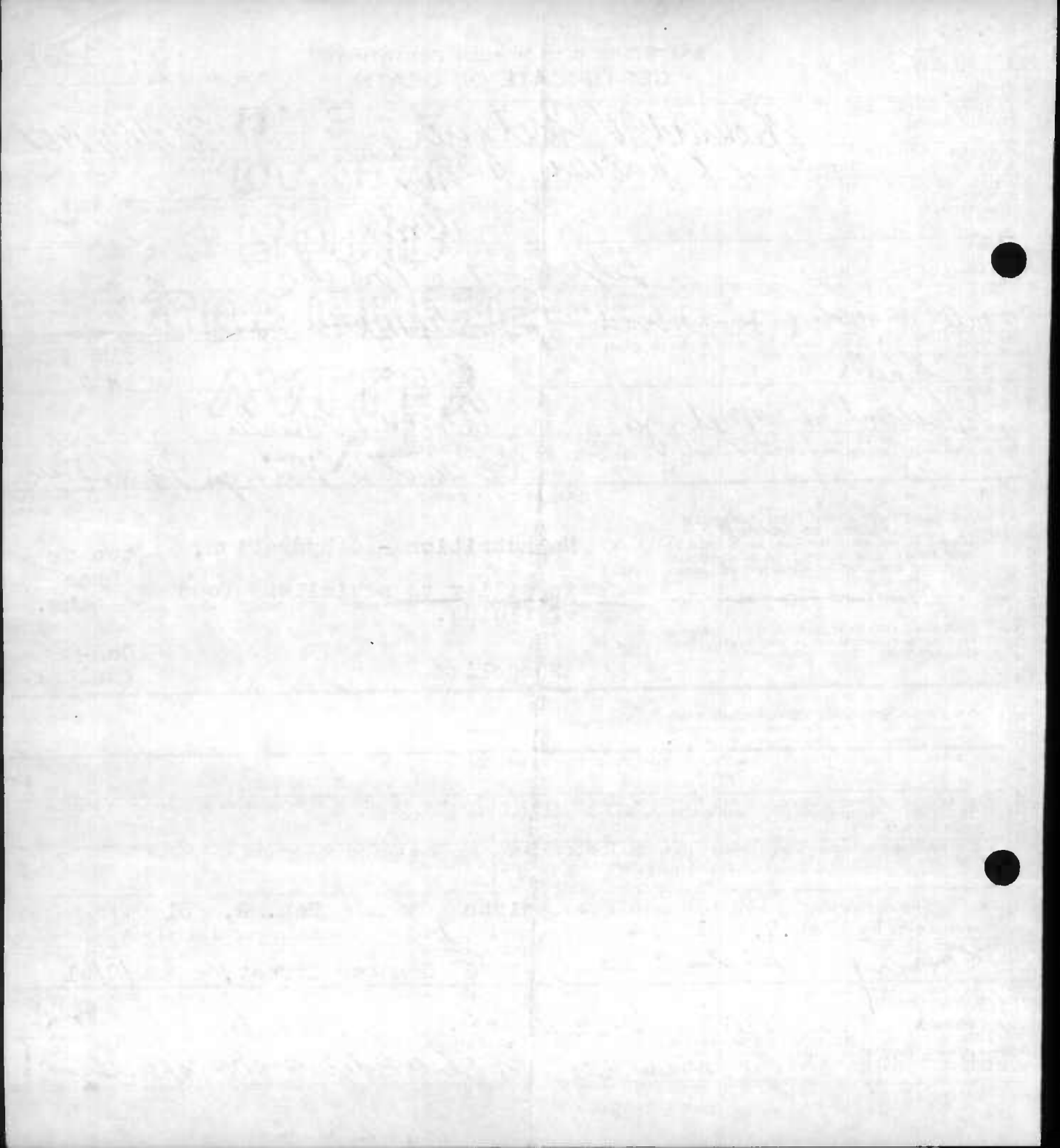
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

A. Howard Evans 1400 16th Ave NW

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1262
Registered No.

BIRTH NO. 51-01122

1. NAME OF DECEASED
(Type or Print)

Paul Thomas Rigor, 2nd.

2. DATE OF DEATH Feb. 8, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RURAL Fallston

O. STREET ADDRESS (If rural, give location)

Fallston, Maryland

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 15, 1951

9. AGE (In years last birthday)

If Under 1 Year Months: Days: Hours: Min.

24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Paul Thomas Rigor, Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Paul J. Rigor, Sr. Fallston, Md.

18. 763.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

ONE TO

Lobar pneumonia, rt apex

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hemorrhage, right adrenal gland
arterial embolus, right leg

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/8/1951 to 2/8/1951, that I last saw the deceased alive on 2/8/1951, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Maddeus Siwinski

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

2/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/10/51

24C. NAME OF CEMETERY OR CREMATORY

Providence

24D. LOCATION (City, town, or county)

Upper X Roads, Md

DATE RECEIVED BY LOCAL REGISTRAR

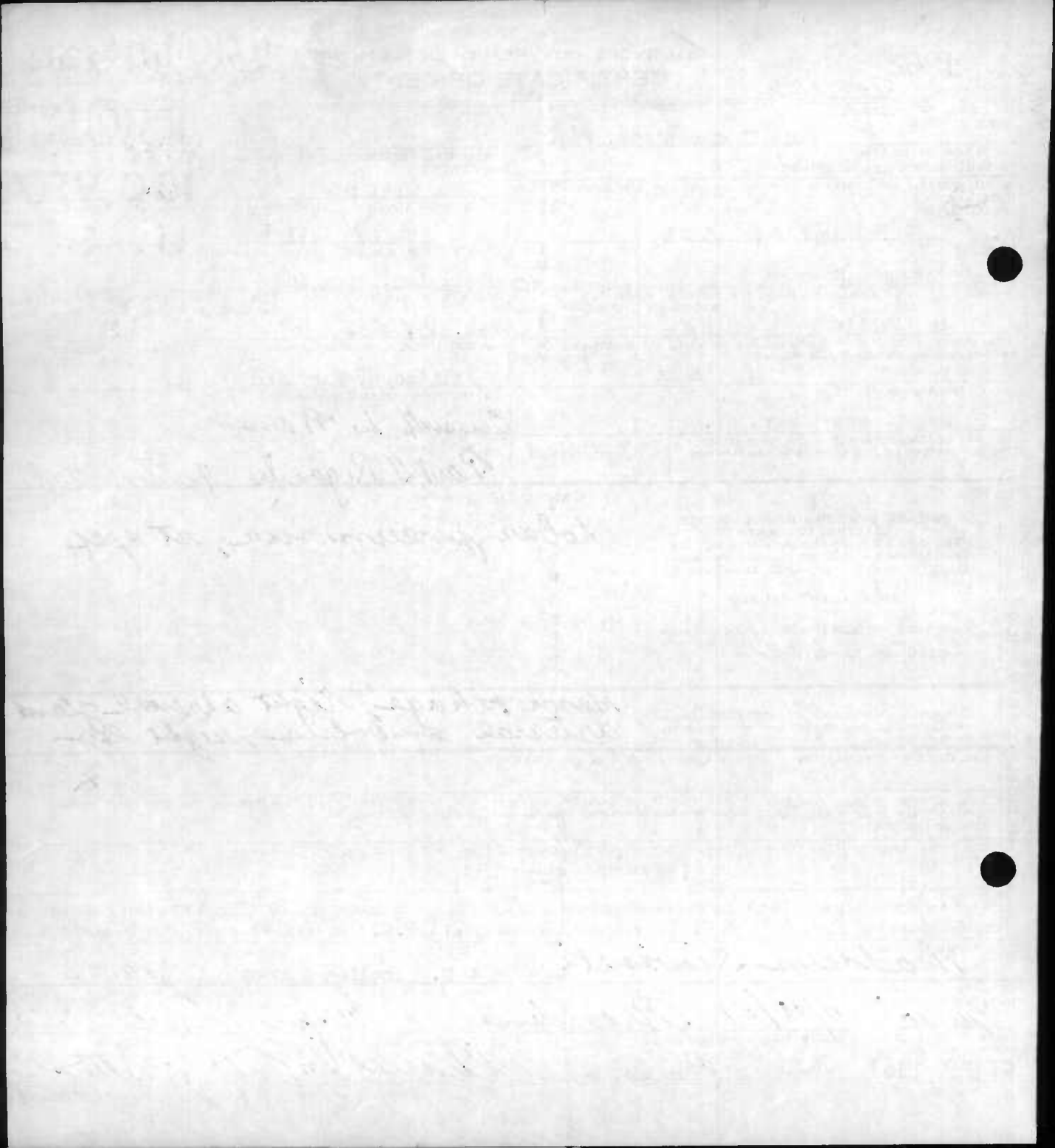
FEB 9 1951

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

Charles E. Fung, Jr. Jarrattville



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1263
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Emma Virginia North</i>		2. DATE OF DEATH <i>February 7, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5343 Nelson Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>	
D. LENGTH OF STAY IN BALTIMORE <i>Life</i> 89 Yrs. 11 Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5343 Nelson Avenue</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb. 11, 1861</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>89</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>James L. Beatty</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Hoey</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Sister - Mrs. Annie Ziegler</i>		ADDRESS <i>5343 Nelson Ave</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>(Terminal) Pneumonia</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardio sclerosis, Chronic Nephritis.</i>	DUE TO (B)	<i>10 years +</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>(C) Advanced Age</i>	DUE TO (C)	

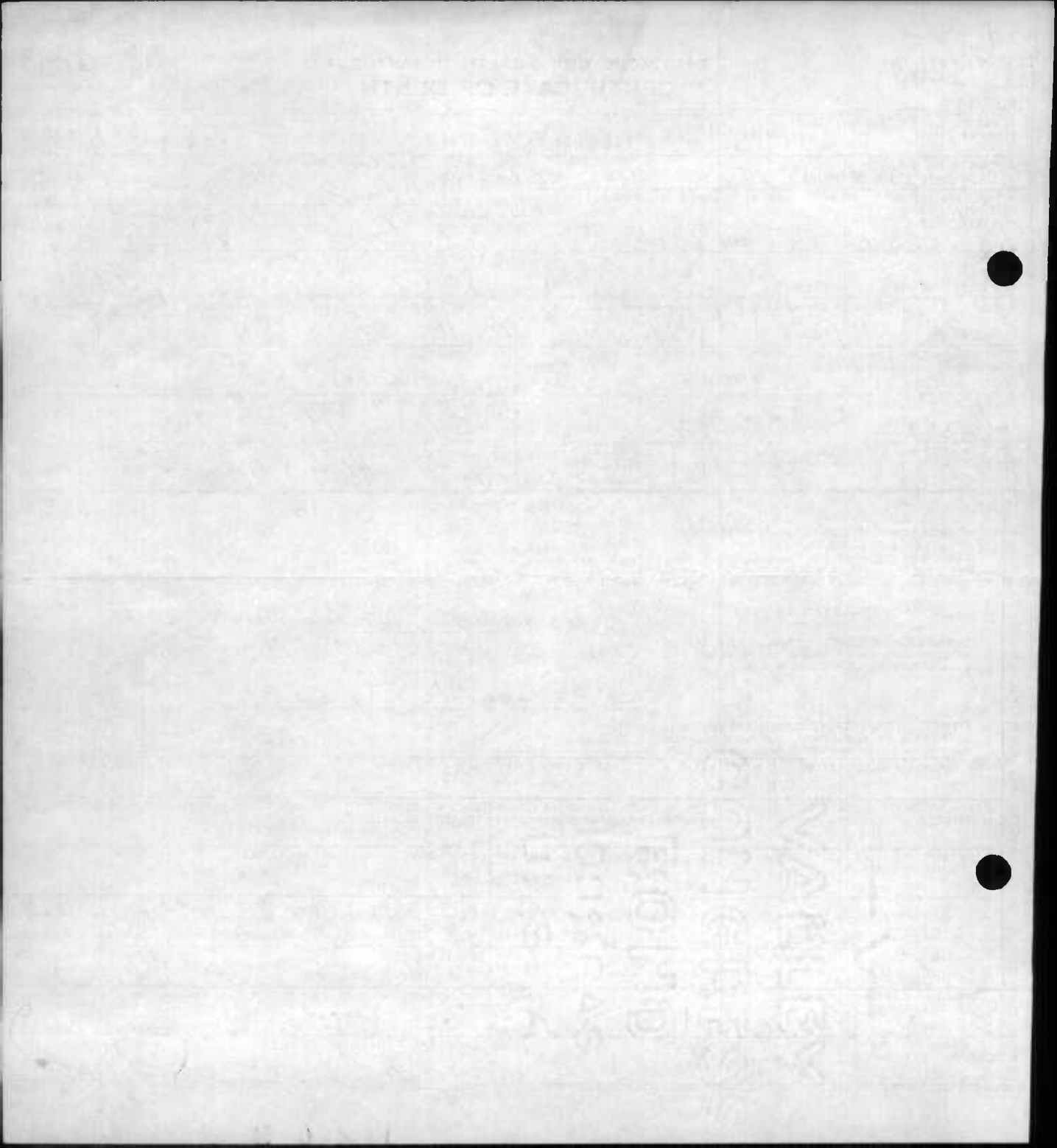
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *January 30, 1945* to *Feb. 7, 1951*, that I last saw the deceased alive on *Feb. 7, 1951* and that death occurred at *9:4 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Dallas J. Faggett* M.D. 23B. ADDRESS *3812 Greenmount Ave* 23C. DATE SIGNED *Feb. 7, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Feb. 10, 1951* 24C. NAME OF CEMETERY OR CREMATORY *David Ridge* 24D. LOCATION (City, town, or county) (State) *Pikesville, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR *FEB 9 1951* REGISTRAR'S SIGNATURE *Wm. J. Williams* 25. FUNERAL DIRECTOR *Loring Byers* ADDRESS *5005 Park Heights*



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1264
Registered No. _____

452
51 1264
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Kleinsmith</i>			2. DATE OF DEATH <i>2-9-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 28-04</i>		
D. STREET ADDRESS (If rural, give location) <i>4730 DARTFORD ROAD</i>			E. LENGTH OF STAY IN BALTIMORE <i>45 YRS</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JANUARY 7, 1901</i>		9. AGE (in years last birthday) <i>50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BOILER MAKER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B.O. RAILROAD</i>	11. BIRTHPLACE (State or foreign country) <i>IOWA</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>August Klein Smith</i>			14. MOTHER'S MAIDEN NAME <i>MARGARET PETERS</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>705-03-6975</i>	17. INFORMANT <i>CATHERINE KLEINSMITH</i>		
			ADDRESS <i>4730 DARTFORD RD</i>		

18. <i>33 x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO _____ (B) _____ DUE TO _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
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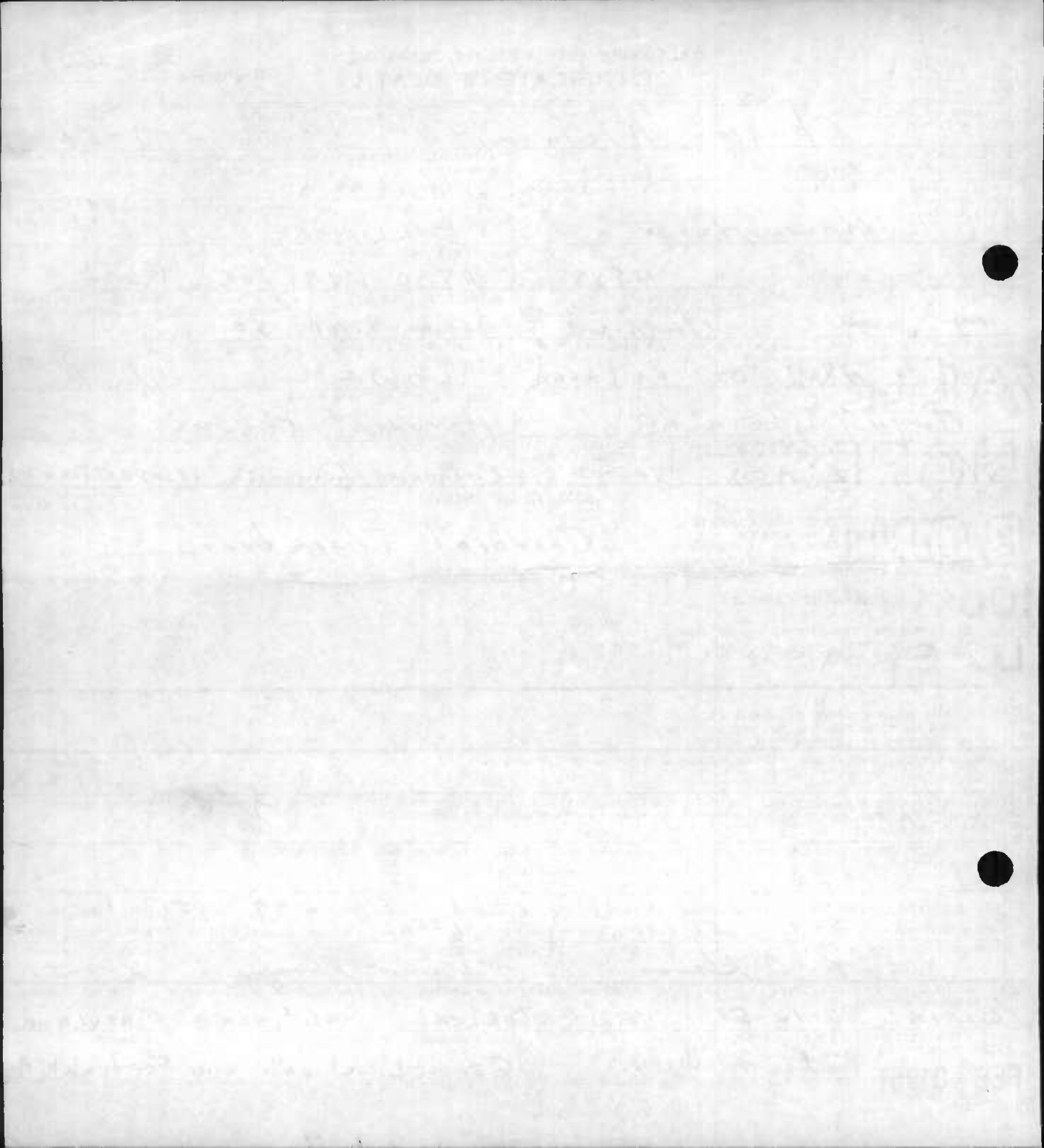
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-28</i> , 1951, to <i>2-9</i> , 1951, that I last saw the deceased alive on <i>2-9</i> , 1951, and that death occurred at <i>6:55 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. J. O'Hara</i>		23B. ADDRESS <i>Univ Hosp</i>		23C. DATE SIGNED <i>2-9-51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>2-12-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>NEW CATHEDRAL</i>	24D. LOCATION (City, town, or county) (State) <i>BALTIMORE MARYLAND</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 10 1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>George L. Schwab</i>
		ADDRESS <i>2101 Frederick Ave</i>	

503 50

83B

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 3-30-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1265

51 1265

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Duffy

2. DATE
OF
DEATH

2-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Allegany

C. CITY OR TOWN

Uniontown, Pa.

D. STREET ADDRESS (If rural, give location)

317 Macgregor St

8. DATE OF BIRTH

July 16, 1880

9. AGE (in years last birthday)

70

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR INDUSTRY

RR Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Duffy

14. MOTHER'S MARDEN NAME

Bridget Blake

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

None

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

Dr. R. R. R.

ADDRESS

University Hospital

18. 433.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) nodal tachycardia

14 hrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 PM 2-9, 1951, to 3 PM 2-9, 1951, that I last saw the deceased alive on 2-9, 1951, and that death occurred at 3:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

E. Broddus

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-9

24A. BURIAL, CREMATION, REMOVAL (Specify)

2-12-51

24B. DATE

2-12-51

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's & Pauls

24D. LOCATION (City, town, or county)

Uniontown, Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 10 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Edmondson

ADDRESS

2503 Edmondson

VS 150

523 50

95a

Corr

MEDICAL CERTIFICATION

!

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1266
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Elmer L. Marsh			2. DATE OF DEATH Feb. 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 66 years			D. STREET ADDRESS (If rural, give location) 607 Washington Boulevard		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 24, 1884		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Laborer			10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 212-05-3386		
			17. INFORMANT ADDRESS Rose Wright, 1103 Brentwood Avenue		

CAUSE OF DEATH

SUBARACHNOID HEMORRHAGE 2 days
Hyper tension from
Polycystic Kidneys

18. **330X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

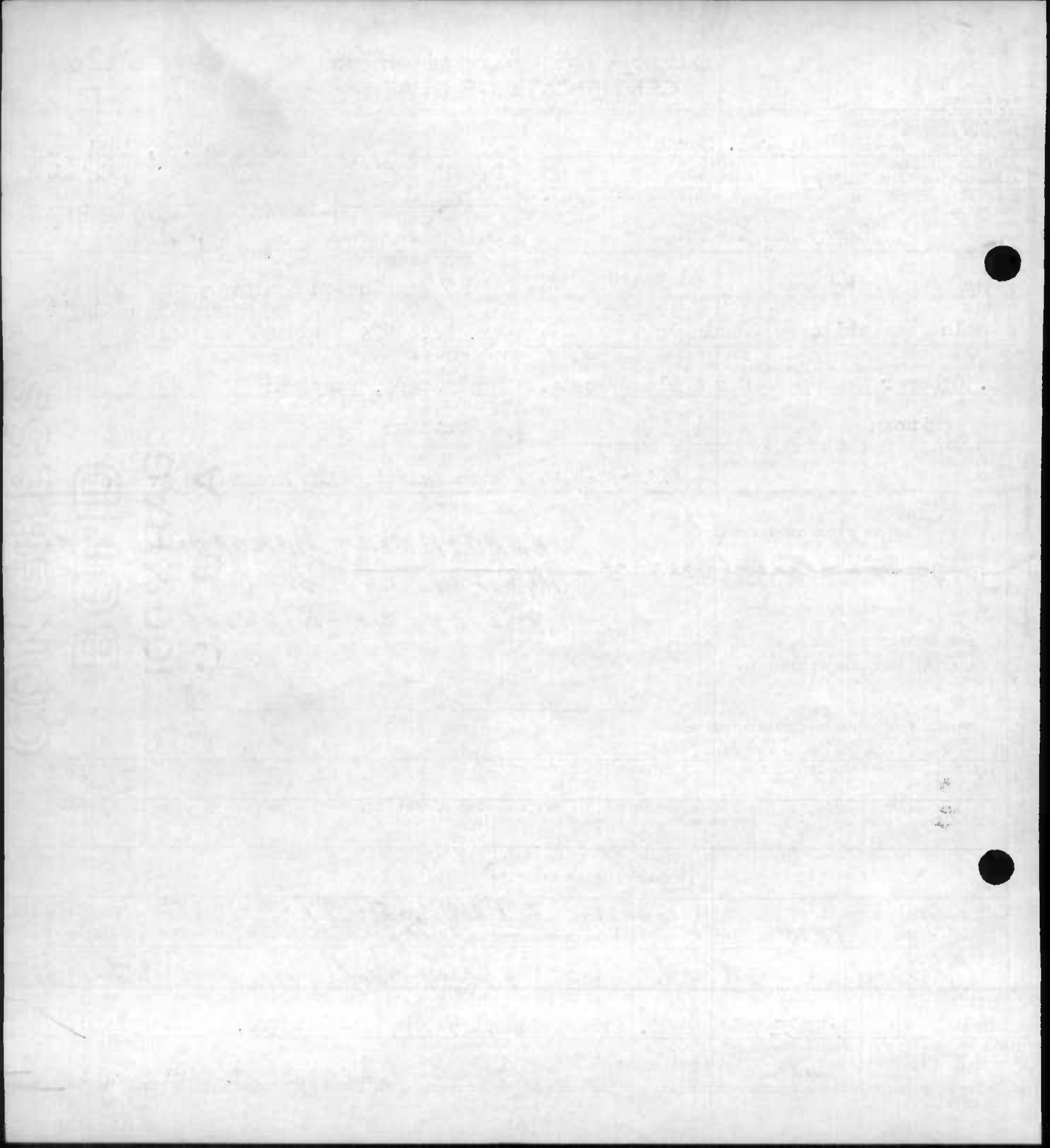
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7 FEB 1951** to **9 FEB 1951**, that I last saw the deceased alive on **9 FEB 1951**, and that death occurred at **3:30 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE Oliver R. Rock		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 9 Feb 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/12/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 2-14-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

510
51 1267
BIRTH NO.

Registered No. **51** 1267

1. NAME OF DECEASED (Type or Print) Augusta W. Kump			2. DATE OF DEATH FEB 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 134-W.C.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-14		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 6 CLUB Rd.		
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-3-78	9. AGE (in years last birthday) 72	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Md		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Wm H. Bode			14. MOTHER'S MAIDEN NAME Henrietta Conrad		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) intestinal obstruction	CAUSE OF DEATH (A) intestinal obstruction DUE TO (B) Recurrent carcinoma in pelvis uteri DUE TO (C) Epidermoid carcinoma cervix	INTERVAL BETWEEN ONSET AND DEATH 2 wks 1 year 6 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. obstruction rt. uterus by tumor.		

19A. DATE OF OPERATION Dec 1949		19B. MAJOR FINDINGS OF OPERATION Recurrent carcinoma - uterus		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-24-1951 , to 2-9-1951 , that I last saw the deceased alive on 2-9-1951 and that death occurred at 3:20 pm. from the causes and on the date stated above.					
23A. SIGNATURE Lawrence R. Wharton, M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb-12-51		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Wm Cook Inc. 1217 St Paul St		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951		REGISTRAR'S SIGNATURE Wm Cook Inc.		25. FUNERAL DIRECTOR ADDRESS	

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620
51 1268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1268
Registered No.

1. NAME OF DECEASED (Type or Print) REV. HARRY HARRIS			2. DATE OF DEATH 2-10-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Alabama B. COUNTY V-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Opelika		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) ST. Mary's Mission House		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest			11. BIRTHPLACE (State or foreign country)		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME JOHN C. HARRIS		
14. MOTHER'S MAIDEN NAME MAUDE C. CHRISTMAS			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatosis CAUSE OF DEATH (A) Coccolopia DUE TO (B) Pancreatic Carcinoma DUE TO (C) (primary site--pancreas)	INTERVAL BETWEEN ONSET AND DEATH 11-19-50 2-10-51 (over)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-19 , 19 50 , to 2-10 , 19 51 , that I last saw the deceased alive on 2-10 , 19 51 , and that death occurred at 1:45 PM , from the causes and on the date stated above.					
23A. SIGNATURE A. B. Sosnowski		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 2-10-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-10-51		24C. NAME OF CEMETERY OR CREMATORY St. Joseph's	
24D. LOCATION (City, town, or county) Princeton N.J.		24E. STATE N.J.		25. FUNERAL DIRECTOR Stewart Morris	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951		REGISTRAR'S SIGNATURE William H. Williams		ADDRESS Belt	

VS 150
0098W
469

Was there no definite
clinical history any indication
as to what was the primary site of malignancy?

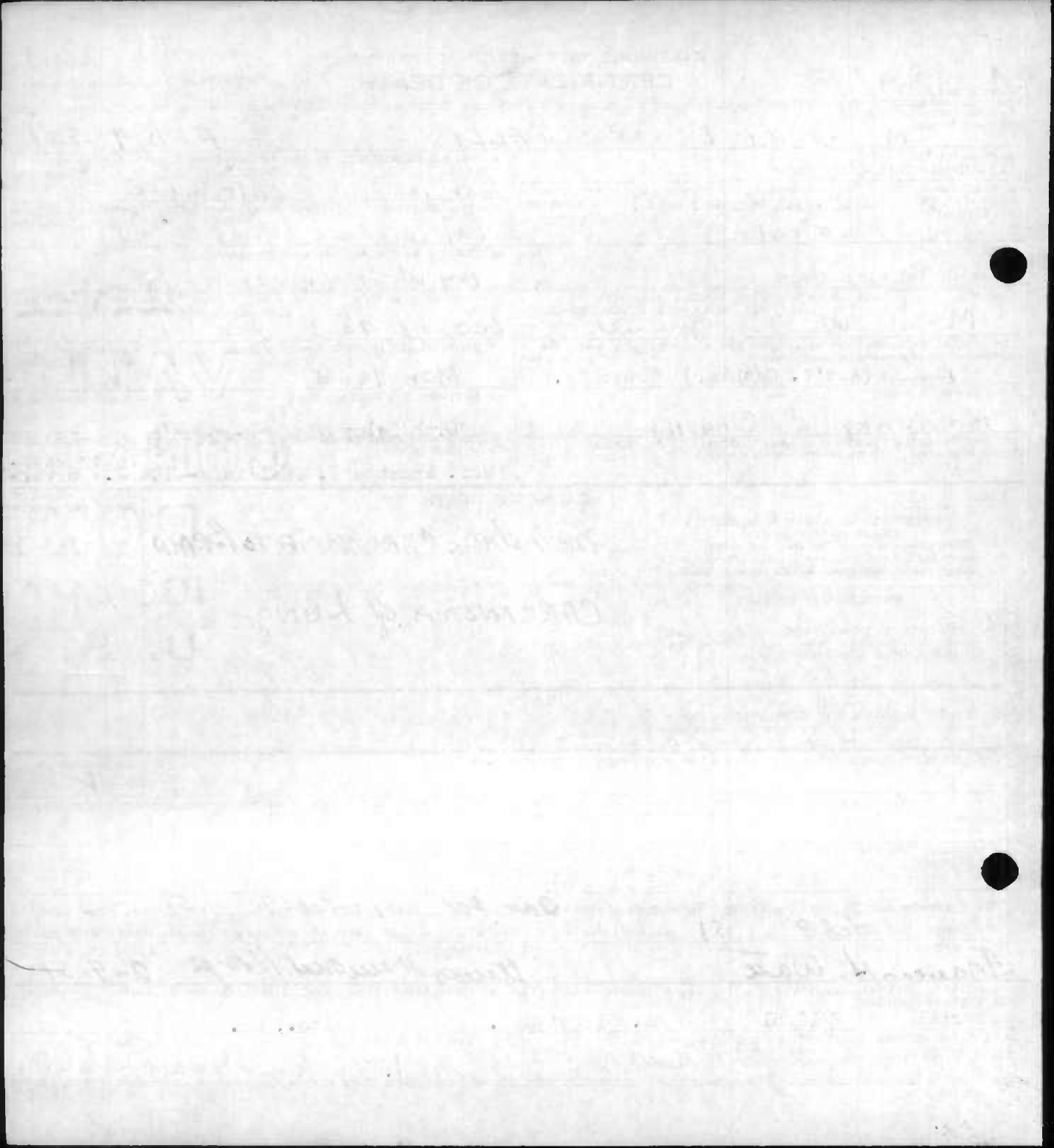
See Document File 51-1268

3/20/51

ES

420
51 1269BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1269
Registered No.

1. NAME OF DECEASED (Type or Print) MR. HARRY EDSON CHALLIS		2. DATE OF DEATH FEB. 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION the Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 104 West University Parkway	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 30, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ass't. Cashier		10B. KIND OF BUSINESS OR INDUSTRY Trust Co.	9. AGE (in years last birthday) 72
13. FATHER'S NAME Mr. Henry E. Challis		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sarah Selby	
18. 167X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic CARCINOMA to BRAIN DUE TO CARCINOMA of Lung		17. INFORMANT ADDRESS Mrs. Annette J. Challis - 104 W. University Pkwy.	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JAN 5th, 1951 , to Feb-9 , 1951, that I last saw the deceased alive on Feb 9 , 1951, and that death occurred at m. , from the causes and on the date stated above.			
22A. SIGNATURE Francis H. Wate		22B. ADDRESS Union Memorial Hosp	
22C. DATE SIGNED 2-9-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/12/51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951		REGISTRAR'S SIGNATURE Wm. J. Tiekner	
25. FUNERAL DIRECTOR Wm. J. Tiekner & Sons - Balto., Md.		ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1270**

520
1270
BIRTH NO.

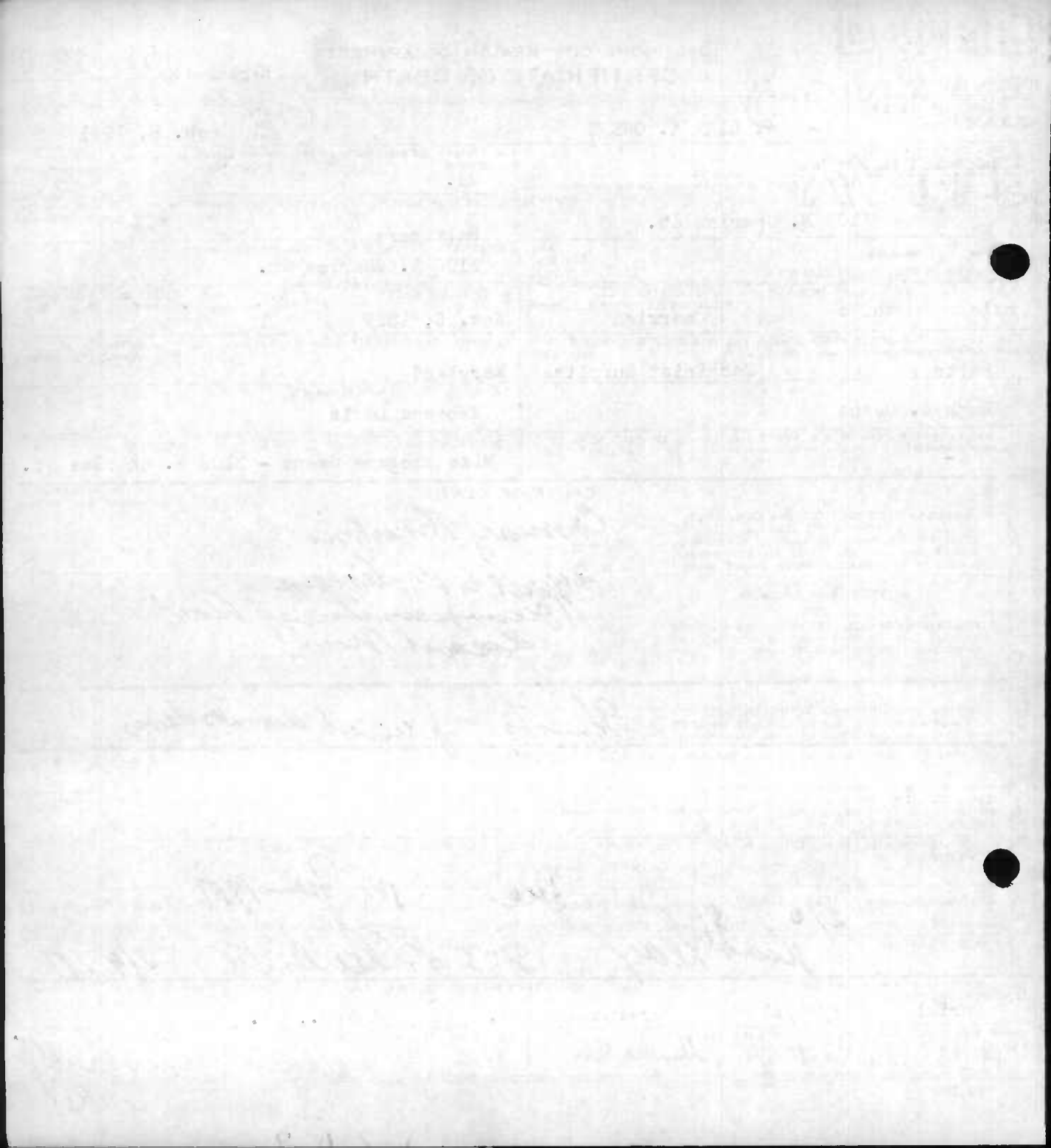
1. NAME OF DECEASED (Type or Print) WILLIAM A. OWENS			2. DATE OF DEATH Feb. 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3109 N. Charles St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3109 N. Charles St.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 5, 1869	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner			10B. KIND OF BUSINESS OR INDUSTRY Machinist Supplies		
13. FATHER'S NAME Hugh A. Owens			11. BIRTHPLACE (State or foreign country) Maryland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			12. CITIZEN OF WHAT COUNTRY? USA		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME Rebecca Lewis		
17. INFORMANT Miss Imogene Owens			ADDRESS 3109 N. Charles St.		

18. 4701 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cornary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Due to Hypertension - Decompression of heart - Heart Block		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity - General arteriosclerosis		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 2/6 , 19 51 and that death occurred at _____ on the causes and on the date stated above.				
23A. SIGNATURE Wm. J. Dickner	23B. ADDRESS 3103 N. Charles St. Baltimore, Md.	23C. DATE SIGNED 2/9/51		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/10/51	24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951	REGISTRAR'S SIGNATURE Wm. J. Dickner	25. FUNERAL DIRECTOR Wm. J. Dickner & Sons - Balt. Md.	

937
md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT LEE RIGGS, SR.

2. DATE
OF
DEATH

Feb. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

912 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

912 St. Paul St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 9, 1875

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Broker

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Riggs

14. MOTHER'S MAIDEN NAME

Annie Hutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. R. Lee Riggs - 912 St. Paul St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Virus intestinal infection

3 days

DUE TO

Cerebral hemorrhage

2 years

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Hypertension + chr. myocarditis

6 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1947 to 8 Feb. 1951, that I last saw the deceased alive on 8 Feb. 1951, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Vice M. D.

23B. ADDRESS

920 St. Paul

23C. DATE SIGNED

9 Feb. 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2/10/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1951

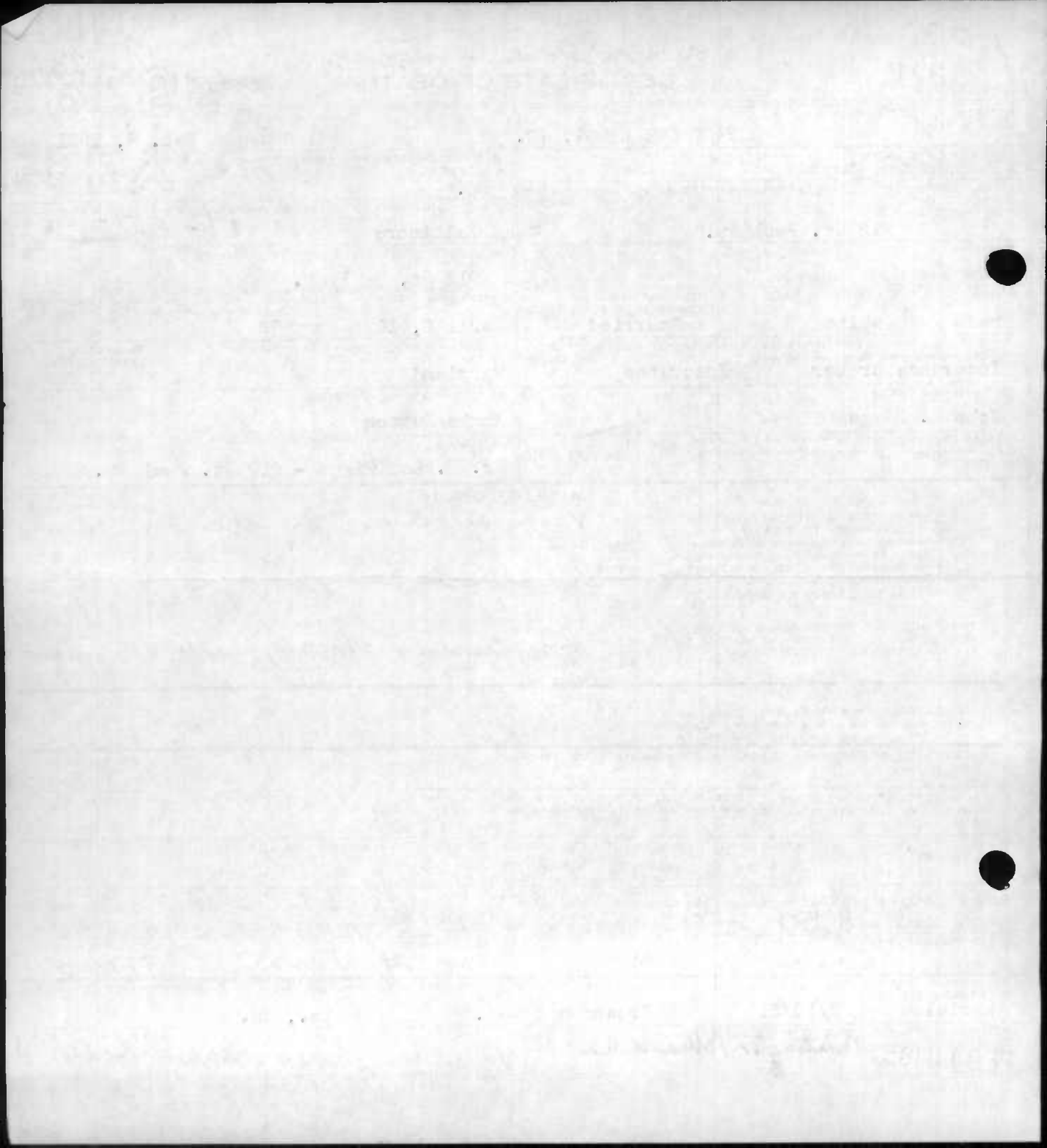
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickner & Sons - Balto., Md.



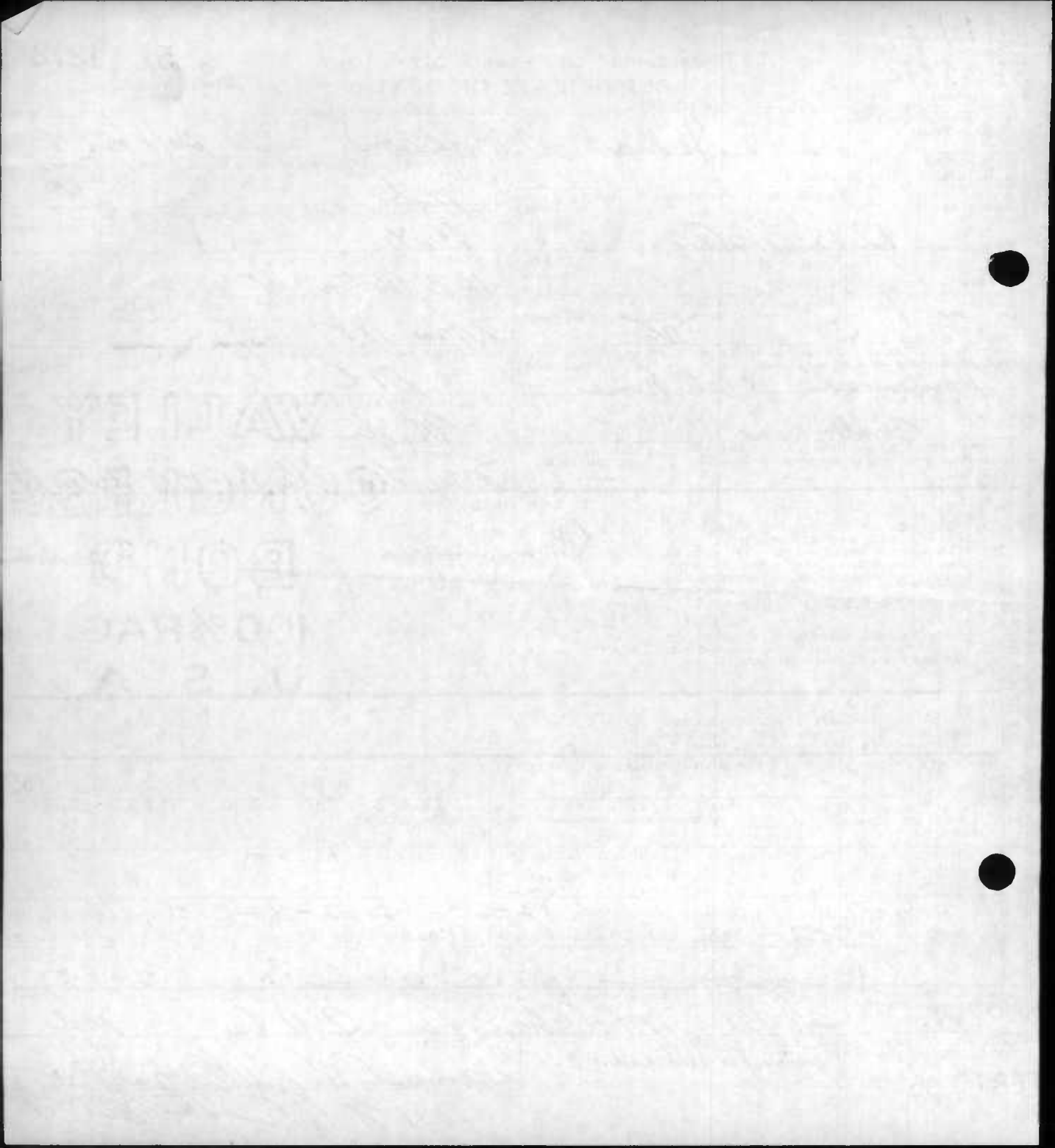
512
51 1272BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1272
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
5. SEX	
6. COLOR OR RACE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH	
9. AGE (in years last birthday)	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	
14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
19. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-30-, 1950, to 2-8-, 1951, that I last saw the deceased alive on 2-7-, 1951, and that death occurred at 7:00a.m., from the causes and on the date stated above.	
23a. SIGNATURE	
23b. ADDRESS	
23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR	
REGISTRAR'S SIGNATURE	
FUNERAL DIRECTOR ADDRESS	

VS 150

EB 101951

1011 N. Calington Ave 153



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1273
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT MARTIN		2. DATE OF DEATH February 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 12 N. Fremont Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 12 N. Fremont Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY General	9. AGE (in years last birthday) 65
11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Martin		14. MOTHER'S MAIDEN NAME Fazier Nickens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Sophia M. Hanks		ADDRESS Moreland Ave.	

18. **443 X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive Arteriosclerosis Cerebrovascular
(A) _____ DUE TO _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____ DUE TO _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE **[Signature]** M.D. 23B. CHIEF MEDICAL EXAMINER **[Signature]** 23C. DATE SIGNED **Feb. 9, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Feb. 12, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cem.** 24D. LOCATION (City, town, or county) (State) **Balto.**

DATE RECEIVED BY LOCAL REGISTRAR **Feb 10 1951** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **James A. Hayes** ADDRESS **638 N. 7th St.**

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1274**

BIRTH NO. **512**

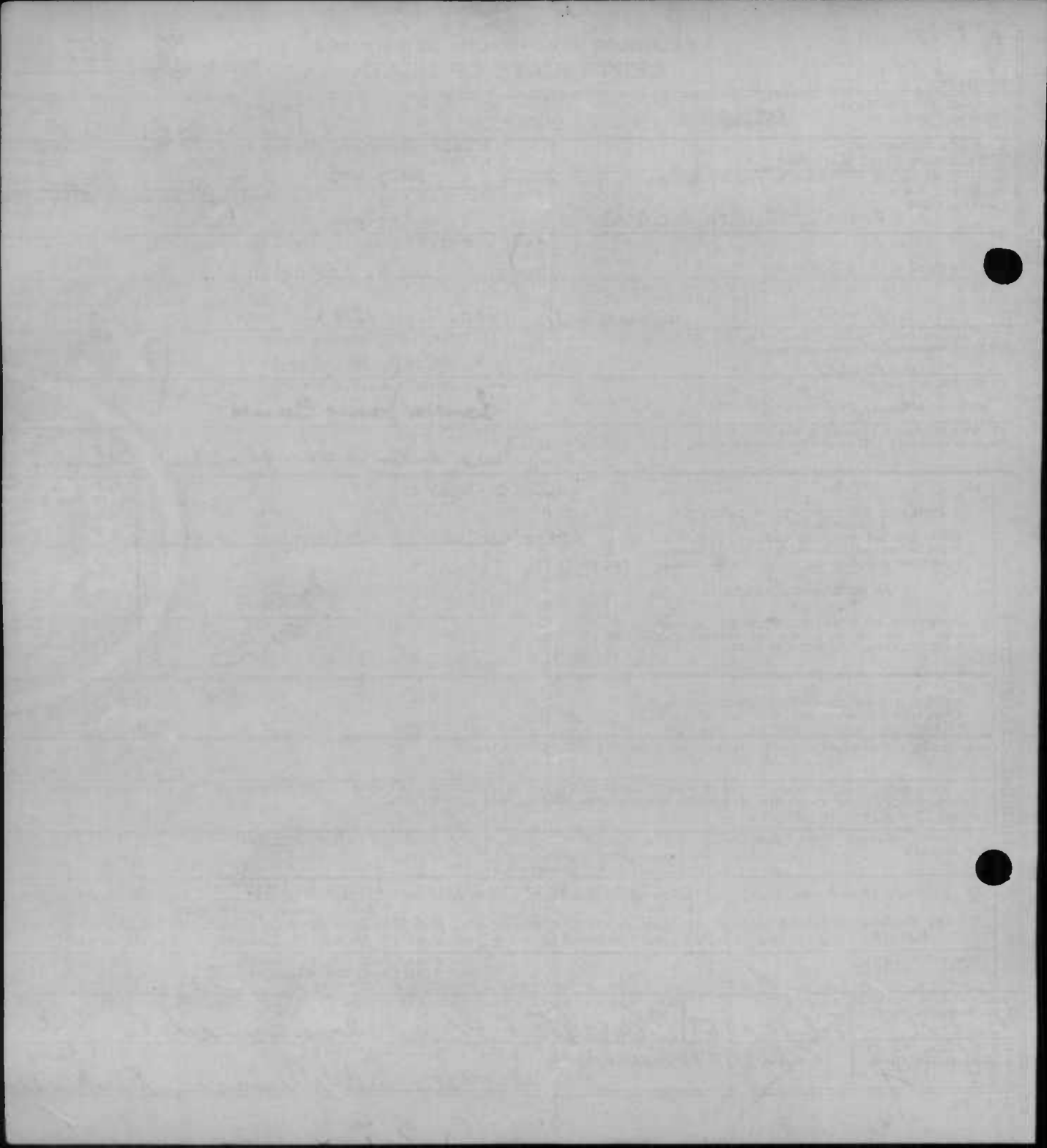
1. NAME OF DECEASED (Type or Print) ARTHUR THOMPSON		2. DATE OF DEATH Feb. 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 312 N. Arlington St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 21, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer		10B. KIND OF BUSINESS OR INDUSTRY general	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) W. River, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Henry Thompson		14. MOTHER'S MAIDEN NAME Laura Jane Gaines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Lucie H. Thompson		ADDRESS 312 N. Arlington	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Arteriosclerotic cardiovascular disease DUE TO INTERVAL BETWEEN ONSET AND DEATH
--	--	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Insp. & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Duncanson		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED Feb. 8, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 11, 1951	24C. NAME OF CEMETERY OR CREMATORY Churchofen Cem	24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.	25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951		REGISTRAR'S SIGNATURE William H. Williams		ADDRESS Schroeder St	



540
1275BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1275
Registered No.

1. NAME OF DECEASED (Type or Print) FRANK J. HIMMEL			2. DATE OF DEATH February 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
D. STREET ADDRESS (If rural, give location) 3347 W. Belvedere Avenue			5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16, 1888	9. AGE (In years last birthday) 62	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman			10B. KIND OF BUSINESS OR INDUSTRY Baltimore City Fire Dept.		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Michael Himmel			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Margaret Himmel, 3347 W. Belvedere			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Generalized arteriosclerosis (B) Coronary occlusion (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William J. [Signature]	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Feb. 10, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 13, 1951	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery
24D. LOCATION (City, town, or county) (State) Ba/to. Md		

DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951	REGISTRAR'S SIGNATURE William J. [Signature]	25. FUNERAL DIRECTOR Loring Byers 5005 Park Heights	ADDRESS 94a
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426
51 1276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1276

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Wilhelmina Glaeser		2-6-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md	
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY	
945 S. Baylis Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
D. STREET ADDRESS (If rural, give location) 945 S. Baylis Street		E. LENGTH OF STAY IN BALTIMORE life	
5. SEX F		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 3-9-82	
9. AGE (In years last birthday) 68		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George L. Glaeser		14. MOTHER'S MAIDEN NAME Catherine Hilgardner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Frederick Glaeser- 945 S. Baylis Street		ADDRESS	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO MYOCARDITIS DUE TO ARTERIOSCLEROSIS GEN. DUE TO PNEUMONIA (BRONCHO) DUE TO KYPHOSIS SEVERE, (CONGENITAL) DUE TO Kyphosis, severe congenital			
INTERVAL BETWEEN ONSET AND DEATH 3-5 yrs 1 yr. 6 yrs			
19. DATE OF OPERATION 0			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB. 2, 1950, to FEB. 6, 1951, that I last saw the deceased alive on 2/6, 1951, and that death occurred at 6:48 P.M.; from the causes and on the date stated above.			
23A. SIGNATURE Benjamin Hylgert		23B. ADDRESS 124 S. HILHAND AVE.	
23C. DATE SIGNED 2/8/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 2-10-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Tally + Zeibach	
25. ADDRESS 403 S. Wolfe Street		DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951	
REGISTRAR'S SIGNATURE William M. Williams		VS 150	

MEDICAL CERTIFICATION

93D

TO BE APPROVED BY
MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1277

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RUDOLPH ANDREW PIPLA		2. DATE OF DEATH Feb. 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 100 S. Ellwood Avenue		E. LENGTH OF STAY IN BALTIMORE Life			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		B. DATE OF BIRTH 12/16/83	9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain		10B. KIND OF BUSINESS OR INDUSTRY Seafarer		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Anton Pipila		12. CITIZEN OF WHAT COUNTRY? USA			
14. MOTHER'S MAIDEN NAME Anna ?		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?			
16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Endocarditis, chronic, mitral and aortic with aortic and mitral stenosis, cardiac hypertrophy and failure		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		CERTIFICATION APPROVED BY <i>[Signature]</i> CHIEF OR ASST. MEDICAL EXAMINER.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO			
(C) DUE TO					
19A. DATE OF OPERATION 2-12-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL , to 19 , that I last saw the deceased alive on Feb. 8, 1951 , and that death occurred at 9:10A m. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 2/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 2-12-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balto		DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR Lilly & Sons		ADDRESS 403 S. W. 1st			

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1278
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DONALD DAVIS		2. DATE OF DEATH February 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 638 N. Fulton Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH May 18, 1950	9. AGE (in years last birthday) 8	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crownsville State Md.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mattie Robinson 638 N. Fulton Ave.	

18. 057.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Waterhouse-Friderichsen syndrome DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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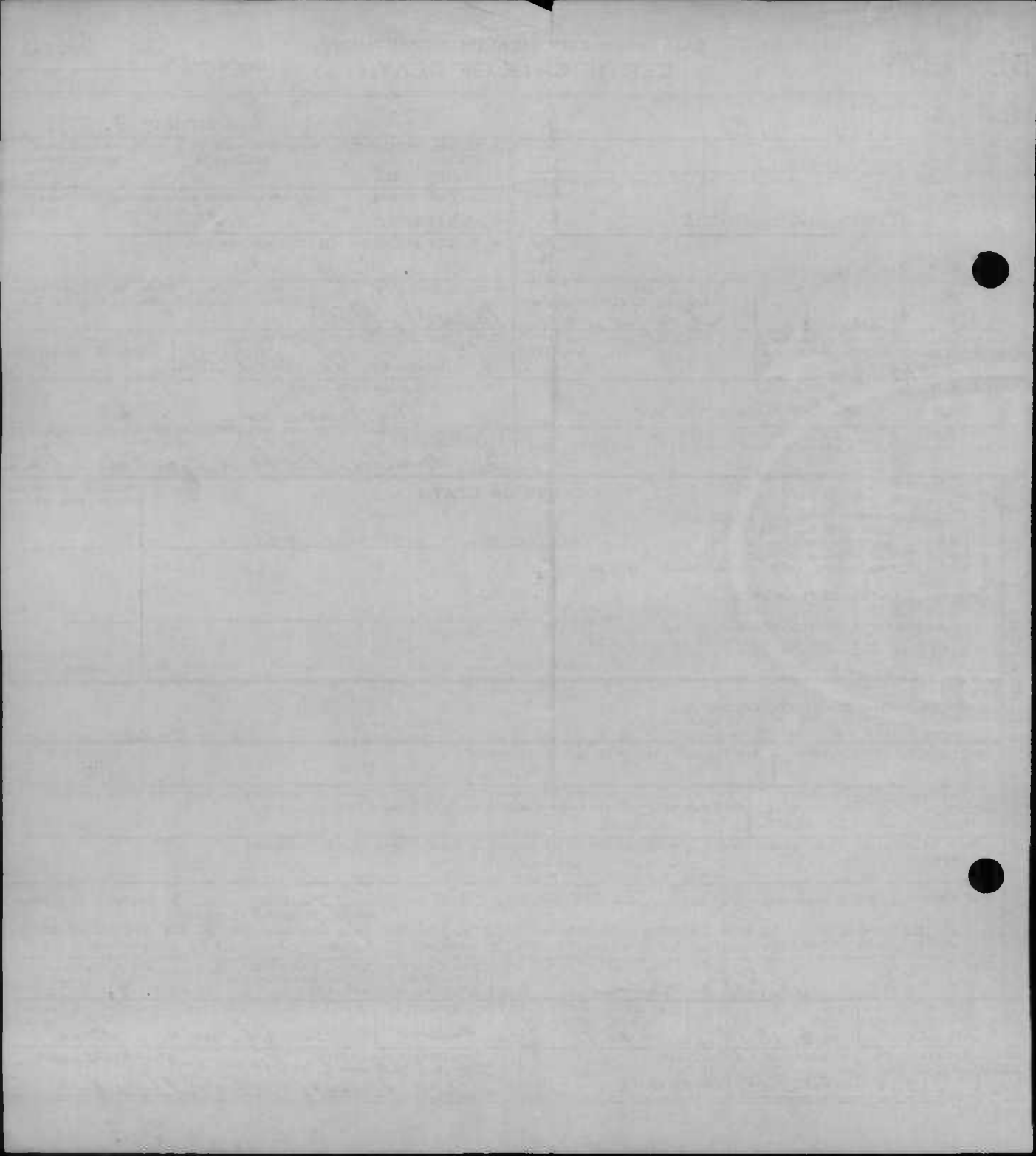
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. B. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Feb. 9, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 10, 1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951	REGISTRAR'S SIGNATURE William Williams, Jr.	25. FUNERAL DIRECTOR W. J. Smith & Sons	

51 1278 12767 ✓



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 1279
BIRTH NO.

51 1279

1. NAME OF DECEASED (Type or Print) Mary J. SHETTL		2. DATE OF DEATH Feb. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 902 S. 7 Dean St.			
5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			
6. COLOR OR RACE Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 25, 1892	9. AGE (In years last birthday) 58 If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John Riley		14. MOTHER'S MAIDEN NAME Margaret McCall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Raymond F. Sissons 2919 O'Donnell St.	

18. E977X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Laceration of the throat (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION Feb. 7, 1951	19B. MAJOR FINDINGS OF OPERATION Garage rear of 902 S. 7 Dean St.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage rear of 902 S. 7 Dean St.	21C. WHERE DID INJURY OCCUR? 902 S. 7 Dean St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 7, 1951 ? P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Sharp instrument

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.

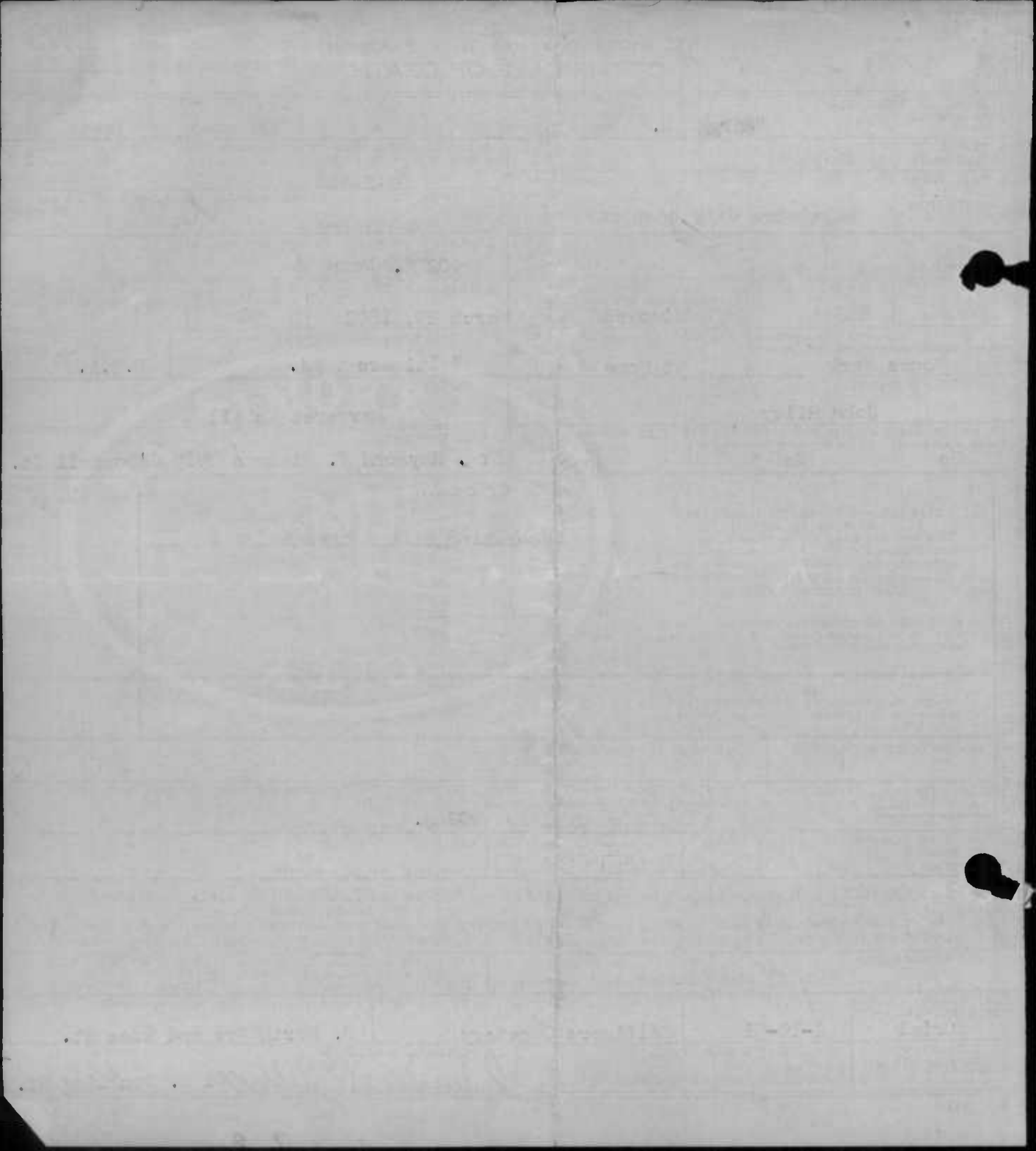
23A. SIGNATURE Stanley H. Denclocher	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 8, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-10-51	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
24D. LOCATION (City, town, or county) E. North Ave and Rose St.		

DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951	REGISTRAR'S SIGNATURE Walter J. Williams	25. FUNERAL DIRECTOR Charles S. Zeller	ADDRESS 901 S. Conkling St.
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1280
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CHARLES TILGHMAN		2. DATE OF DEATH 2/6/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 906 Druid Hill			
5. SEX M		6. COLOR OR RACE Negro	
7. SINGLE MARRIED. WIDOWED DIVORCED (Specify)		8. DATE OF BIRTH 12/17/1897	
9. AGE (In years last birthday) 53		10. Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER		10B. KIND OF BUSINESS OR INDUSTRY CLUB	
11. BIRTHPLACE (State or foreign country) BALTIMORE, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CHARLES TILGHMAN SR.		14. MOTHER'S MAIDEN NAME FANNIE WALLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT LOUISE CLAIBORNE-906 DRUID HILL AVE.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia		(B) DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2/3** 1951, to **2/6** 1951, that I last saw the deceased alive on **2/5** 1951, and that death occurred at **7:55 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE John H. Holmes III	M. D.	23B. ADDRESS Provident Hosp.	23C. DATE SIGNED 2/6/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2/10/51	24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY	24D. LOCATION (City, town, or county) (State) A. A. Co. Mo.
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DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. A. JACKSON-916 PENNA. AVE.	ADDRESS
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CHARLES T. LAMAR

100-100000-100000

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100-100000-100000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1281
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Clara B. Elliott

2. DATE

OF DEATH Feb. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1736 N. Chester St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1736 N. Chester St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

June 4, 1870

9. AGE (In years last birthday)

80

10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

York Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Irvin

14. MOTHER'S MAIDEN NAME

Sarah Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry T. Elliott 1736 Chester St.

18. 4721

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arterio-sclerotic Cardio Vascular Disease

1 yr +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Jan, 1951, to 6 Feb, 1951, that I last saw the deceased alive on 5 Feb, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1513 N. M. 18th Ave

8 Feb 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/10/51

Loudon Pk.

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1951

Wilmington Williams, Jr.

Clarence F. Hoffmann 1634 Broadway

MEDICAL CERTIFICATION

1513 Melton Ave.

100 Howard Gordon

M-630
51 1282BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1282
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) BERTHA MAE MORDY		2. DATE OF DEATH February 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2435 N. St. Paul Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
D. STREET ADDRESS (If rural, give location) 2435 N. St. Paul Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 18, 1914
9. AGE (in years last birthday) 36		10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Howard Wheeler		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Loren Mordy		ADDRESS 2435 St Paul St	

18. E 976 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of neck (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION 2/9/51		19B. MAJOR FINDINGS OF OPERATION Self-inflicted gunshot wound		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2435 N. St. Paul Street		
21D. TIME (Month) (Day) (Year) (Hour) 2/9/51 7:30 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Self-inflicted gunshot wound		
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/12/51	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel Ceme	24D. LOCATION (City, town, or county) (State) Q Dannel St Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1951		REGISTRAR'S SIGNATURE Wm. Williams, Md	25. FUNERAL DIRECTOR Mildred J. Blythe
		ADDRESS 1009 Bayford Rd	

VS 151

N-8744

164c ✓

CERTIFICATE OF DEATH

Registration No.

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

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DATE OF DEATH

PLACE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1283
Registered No.

BIRTH NO. 57-02812

1. NAME OF DECEASED
(Type or Print)

MICHAEL-K-BENSON

2. DATE
OF
DEATH

Feb 9-1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hosp

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 8-1957

9. AGE (In years last birthday)

1

10 Under 1 Year Months Days

1

11 Under 24 Hours Hours Min.

1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Bald Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Gilbert S Benson

14. MOTHER'S MAIDEN NAME

Jane Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

520

17. INFORMANT

Gilbert S Benson, Reisterstown Md

ADDRESS

CAUSE OF DEATH

18. 759.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

QUE TO

(A) Congenital Abnormality of Lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

QUE TO

(C) Congenital Scurfiosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1957, to Feb. 9, 1957, that I last saw the deceased alive on Feb. 9, 1957, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Ametruam

M. O.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

2/10/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 13/57

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Grove

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 10 1957

REGISTRAR'S SIGNATURE

Wilmington Williams, MD

25. FUNERAL DIRECTOR

Edw. C. Tipton

ADDRESS

Hampstead

CERTIFICATE OF DEATH

WILLIAM K. BRADY

Age - 60

Residence -

Place of death -

Dec 2 - 1911

Single

W

Married

Married

Married

Place of birth -

Place of birth -

Place of death -

Age

Dec 2 - 1911

Place of death -

E-526
51 1284BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1284

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charlotte Gwendolyn Ensor

2. DATE
OF
DEATH

Feb. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4417 Belvieu Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

4417 Belvieu Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

Feb. 5, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Alfred Fowble

14. MOTHER'S MAIDEN NAME

Florence Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

Rebecca Bublavek, 4417 Belvieu Ave.
Baltimore, Md.18. 443X,
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 week

10 yrs

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1950, to 2-8-1951 (that I last saw the
deceased alive on 2-7-1951 and that death occurred at 7 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

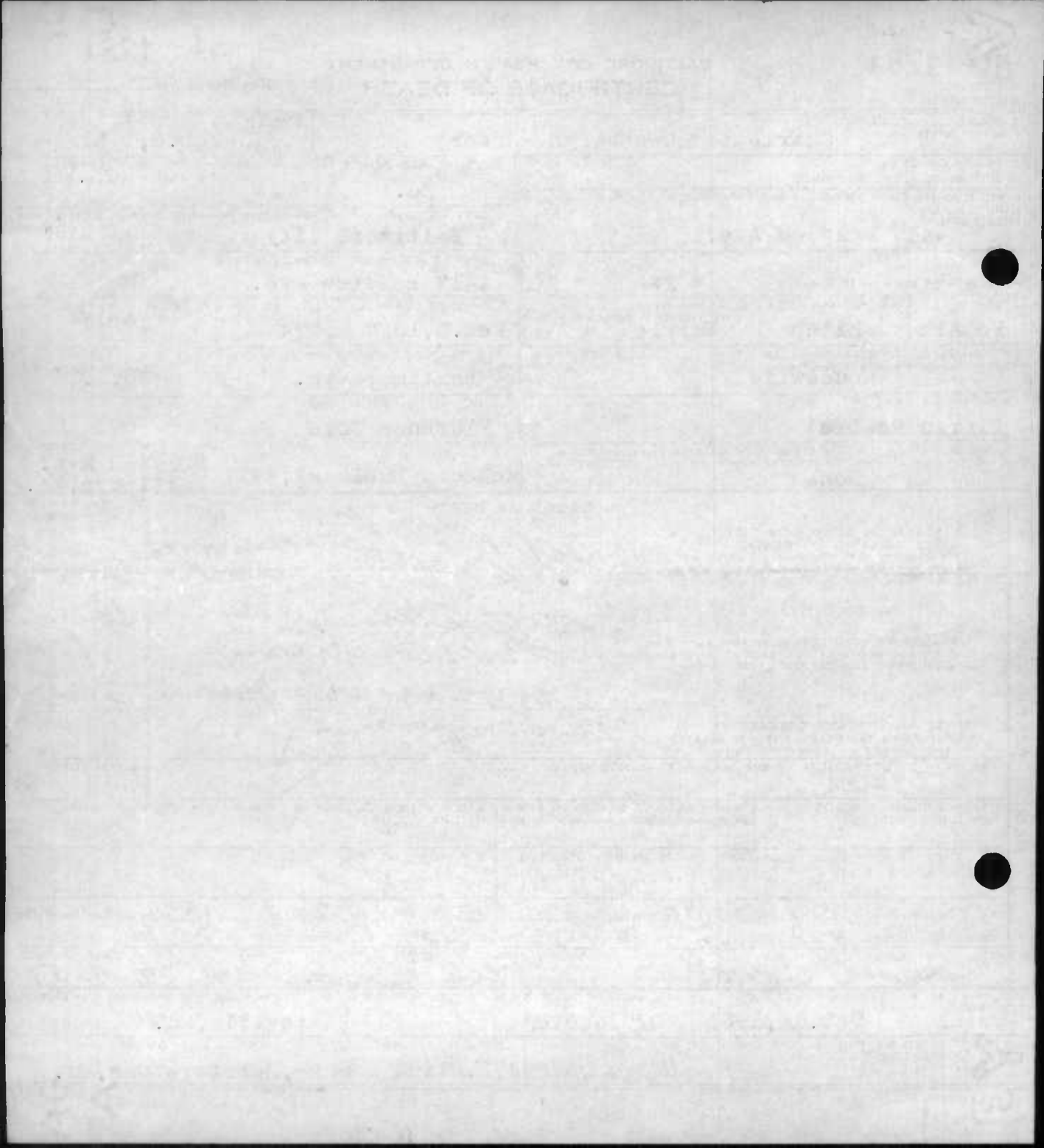
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J.F. Eline & Sons, Reisterstown, Md.



B-400

51 1285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1285

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lois Paige Bull

2. DATE
OF
DEATH

FEB. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
PARKTON

D. STREET ADDRESS (If rural, give location)

NONE

5300

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Aug 14, 1939

9. AGE (In years last birthday)

11

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

B PARKTON, MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES COLE DECEASED

14. MOTHER'S MAIDEN NAME

LORETTA BULL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

MOTHER

ADDRESS

PARKTON, MD.

18. 401.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACTIVE RHEUMATIC HEART DISEASE

11 MOS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) RHEUMATIC FEVER

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NONE

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

NONE

21D. TIME (Month) (Day) (Year) (Hour) INJURY

NONE

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from FEB 2, 1951, to FEB 10, 1951, that I last saw the deceased alive on FEB 10, 1951, and that death occurred at 955 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Allan Y. Wolinsky

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Feb 11, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 14, 1951

24C. NAME OF CEMETERY OR CREMATORIUM

Pine Grove E.P.B.

24D. LOCATION (City, town, or county) (State)

Parkton R.P. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

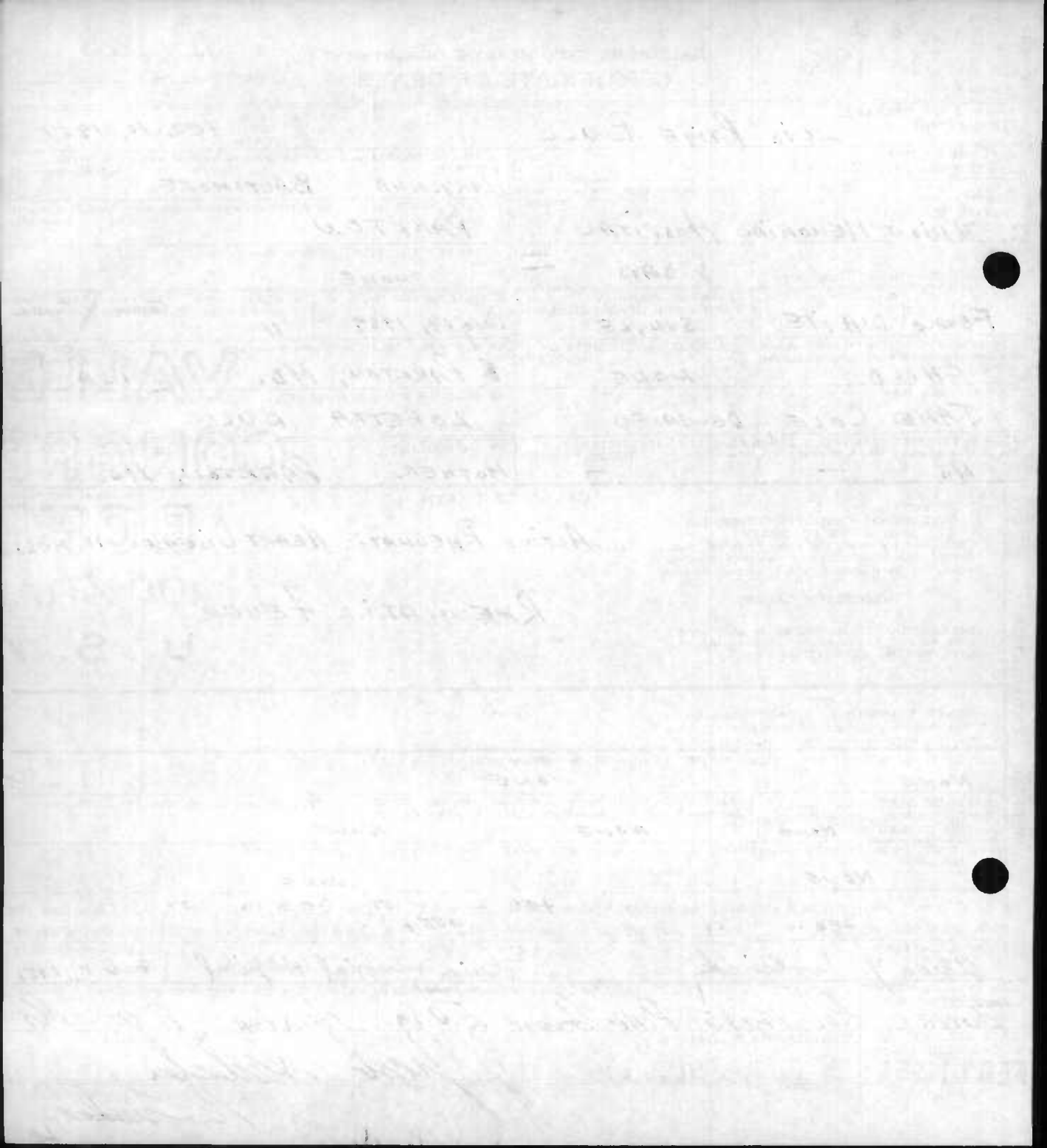
25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

587 New Freedom, Pa.



5-253
51 1286

51 1286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sr. Mary Mansueta Schneider

2. DATE
OF
DEATH

Feb. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Notre Dame of Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
MarylandB. COUNTY
Balto.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-11D. STREET ADDRESS (If rural, give location)
4701 N. Charles St.Length of stay in Baltimore
44 yrs.Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

July 30, 1873

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Nay Sister10B. KIND OF BUSINESS OR
INDUSTRY
Religious Sister

11. BIRTHPLACE (State or foreign country)

Rimbach, Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Johannes Schneider

14. MOTHER'S MAIDEN NAME

Margaret Sippel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SR. M. THOMASINE 4701 N. CHARLES ST. BALTO.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Myocarditis

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 1950 to Feb. 8, 1951, that I last saw the
deceased alive on Feb 8, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1129 St Paul St

Feb 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

2-12-51

NOTRE DAME CEMETERY

CHARLES ST. AVE. & HOMELAND AVE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EB 11-1951
VS 150

Charles S. Geiler

901 S. CONKLING ST.

937

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CENTRAL RECORDS SECTION

RECEIVED
FBI
JUL 1 1964

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1287
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IDA BRILL (MRS LOUIS)			2. DATE OF DEATH 2-9-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23-01		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1016 SO. CHARLES ST		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH DEC 12 1887	9. AGE (In years last birthday) 63	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOSEPH FELSER			14. MOTHER'S MAIDEN NAME RACHEL MARGOLIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Louis Brill, 1016 S. Charles Street		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH MYOCARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DEATH 5 days
	(A) DUE TO	
	(B) DUE TO	
CEREBRO-VASCULAR ACCIDENT		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **FEB 5, 1951**, to **FEB 9, 1951** that I last saw the deceased alive on **FEB 9, 1951**, and that death occurred at **4:55 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE **Wallace E. Butcher, M. D.** 23B. ADDRESS **Union Memorial Hospital** 23C. DATE SIGNED **9 Feb 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Feb 11, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Arlington Cemetery Rogers Ave** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 11 1951** REGISTRAR'S SIGNATURE **Chizuk Amunim** 25. FUNERAL DIRECTOR **Sol Lewenstein Bros** ADDRESS **1126 W North Ave**

94a

RECEIVED
FEB 12 1967

104 BROAD (MAY 1967)

STANDARD

BATTLES

John Marshall Hall

1010 20th Street NW

Dec 12 1967

M

WASHINGTON

HOUSE-100

RECEIVED

1010 20th Street NW

WASHINGTON

RECEIVED

1010 20th Street NW

RECEIVED

WASHINGTON

WASHINGTON

WASHINGTON

S-524
51 1288BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1288
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Sneseil

2. DATE
OF
DEATH

2/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONMarine Hospital
U.S. MH, Balt, Md4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

MD.

B. COUNTY

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto,

D. STREET ADDRESS (If rural, give location)

2203 Bryant Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

12/18/86

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Canvasser

10B. KIND OF BUSINESS OR
INDUSTRY

Vet. Admin,

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Moses Sneseil

14. MOTHER'S MAIDEN NAME

Rose Schreiber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clinclinal Records

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Intestinal Obstruction
DUE TO Chronic due to Metastatic

Carcinoid Tumor. Primary

(B) Terminal Ileum and Appendix
DUE TO

(C) Resected 1942

INTERVAL BETWEEN
ONSET AND DEATH

unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1951 to Feb. 10, 1951, that I last saw the
deceased alive on Feb. 10, 1951, and that death occurred at 3:15 P., from the causes and on the date stated above.

23A. SIGNATURE

F. D. Dent, Jr. M. D.
for J.W. Wilson

23B. ADDRESS

U. S. Marine Hospital

23C. DATE SIGNED

2/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-11-51

24C. NAME OF CEMETERY OR CREMATORY

Shaarer T. F. Loh

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

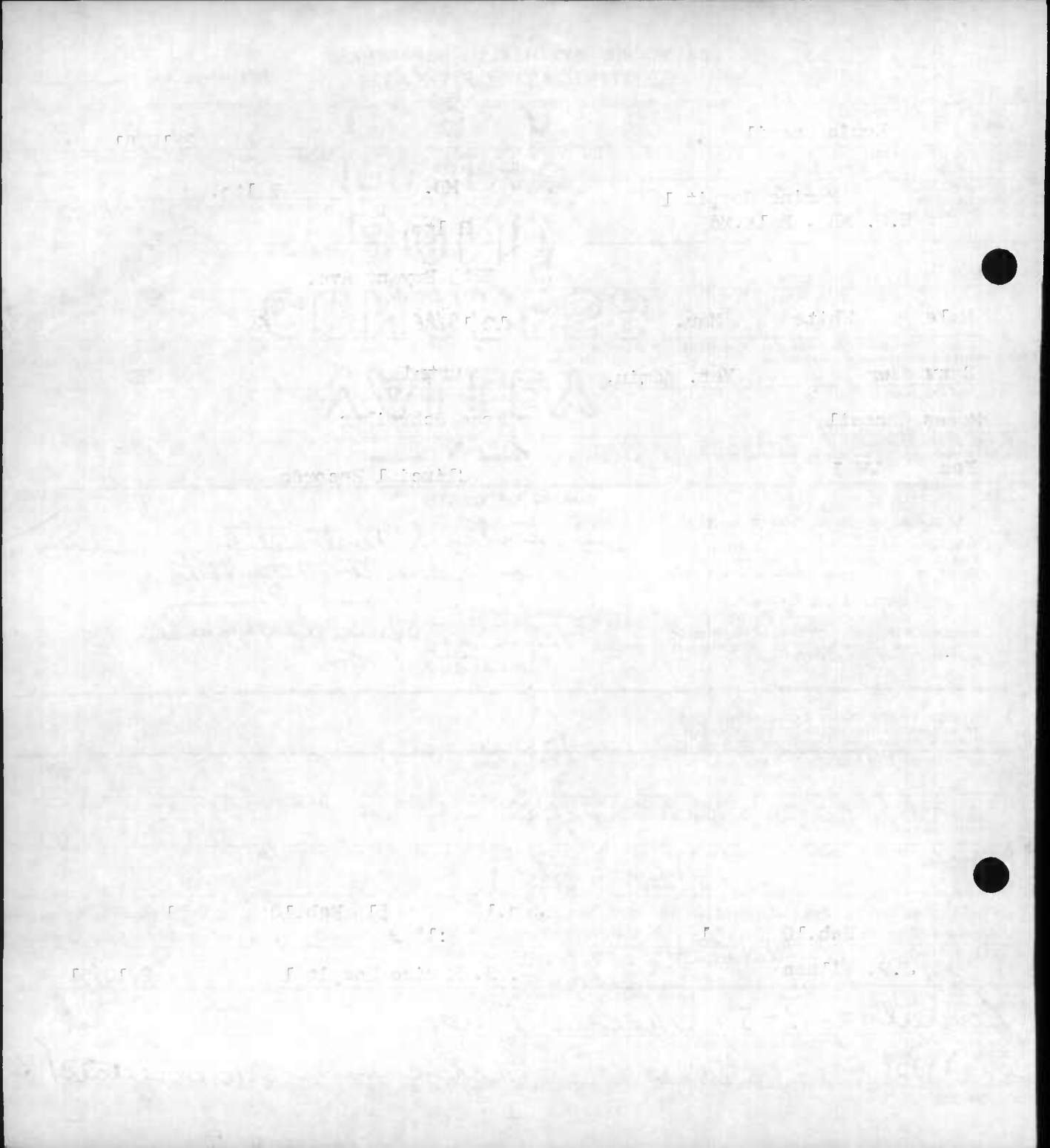
REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Pack & Sons Inc 2100 E. Howard St

ADDRESS



M-320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1289
Registered No.

BIRTH NO. 51 1289

1. NAME OF DECEASED
(Type or Print)

Philip Metz

2. DATE
OF
DEATH

Feb. 10, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

MD

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-03

d. STREET ADDRESS (If rural, give location)

724 N. Colington Ave COLINGTON

e. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Simon

14. MOTHER'S MAIDEN NAME

Osia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-01-8730

17. INFORMANT

ADDRESS

Esther Metz - DAME

18. 704.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Heart failure & acute pulmonary
edema

DUE TO

4 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Severe anemia

DUE TO

(C) Chronic lymphatic leukemia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1951, to Feb 10, 1951, that I last saw the
deceased alive on Feb-10, 1951, and that death occurred at 6:49 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Bernard Wolfson

23b. ADDRESS.

Sinai Hospital #5

23c. DATE SIGNED

Feb. 10, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Burial

2-11-51

24c. NAME OF CEMETERY OR CREMATORY

Rosedale

24d. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington, Delaware, MD

25. FUNERAL DIRECTOR

ADDRESS

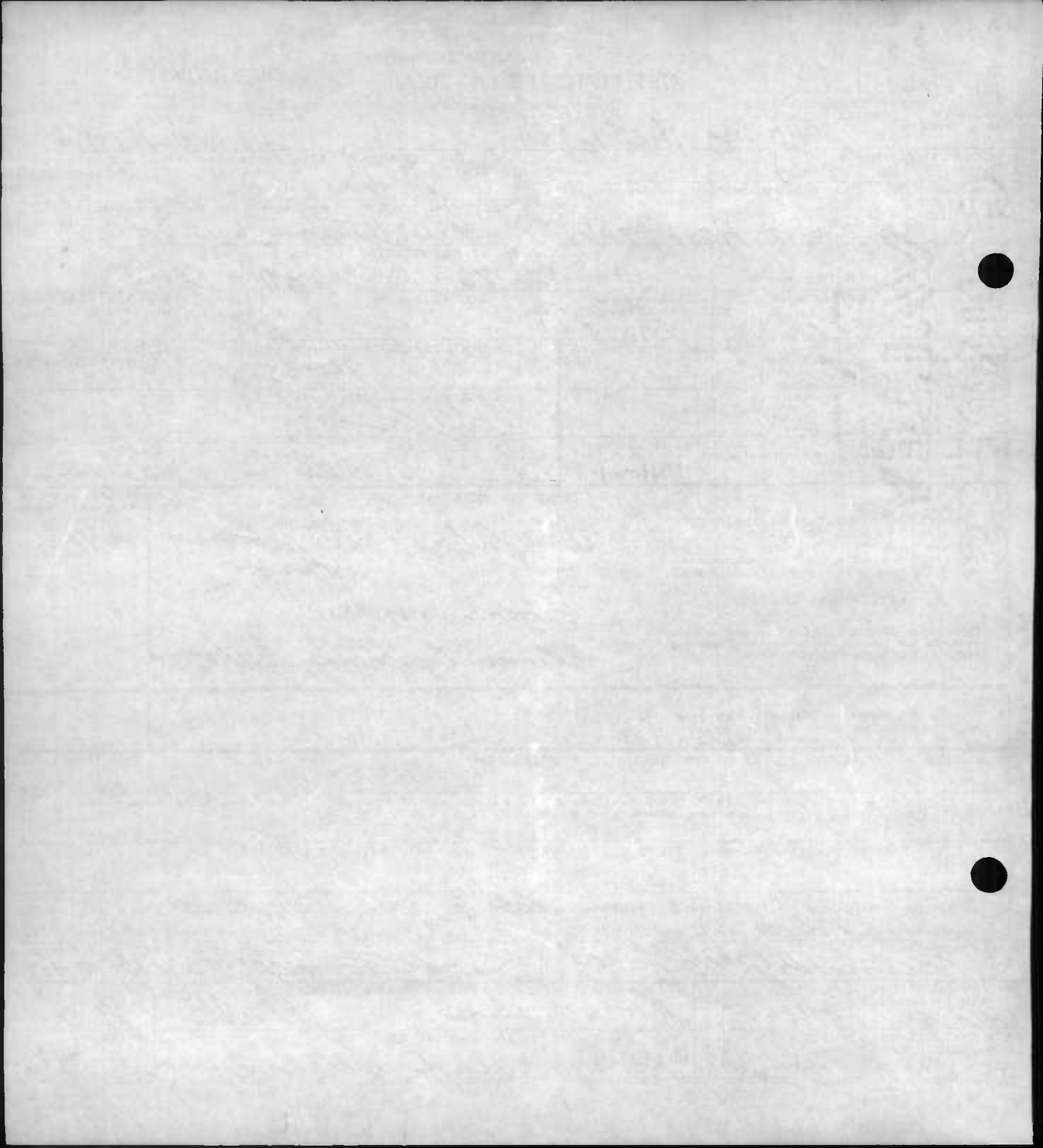
8-11-1951

Jack Lewis One 2100 Euterod Pl

51028

001200

74a



P-420
61 1290BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1290
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY S. POLLACK		2. DATE OF DEATH 2-9-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) 3616 Fairview Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38	
C. Length of stay in Baltimore 5 Yrs. 5 Mos. 5 Days		D. STREET ADDRESS (If rural, give location) 3616 Fairview Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH
9. AGE (In years, last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME David		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rebecca Pollack		ADDRESS Same	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) coronary thrombosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) coronary insufficiency DUE TO coronary thrombosis	3 months
(C) Hypertensive Cardio Renal Vascular Disease	4 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1942** to **2/9**, 19**51**, that I last saw the deceased alive on **2/9**, 19**51**, and that death occurred at **5 PM**, from the causes and on the date stated above.

23A. SIGNATURE 22 Spring	23B. ADDRESS 2310 Eastern Rd	23C. DATE SIGNED 2/10/51
------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-11-51	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eastern Pl

EBT 11851

39069

131a

MEDICAL CERTIFICATION

Zunberg
7320 Eustad Pl
↗

W-456

51 1291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maurice A. Wilner

2. DATE
OF
DEATH

2-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt. 15-10

D. STREET ADDRESS (If rural, give location)

3915 1st Baltimore Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

D.

8. DATE OF BIRTH

9. AGE (In years last birthday)

50

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

William

14. MOTHER'S MAIDEN NAME

Gene Hillman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 4201 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

4 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Coronary arteriosclerosis.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Feb 9, 1951, that I last saw the deceased alive on Feb 9, 1951, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John F. Kelly

M. D.

University Hosp.

Feb 9

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-11-51

Shawnee Belok

Beltz Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

William F. Hillman, M.D.

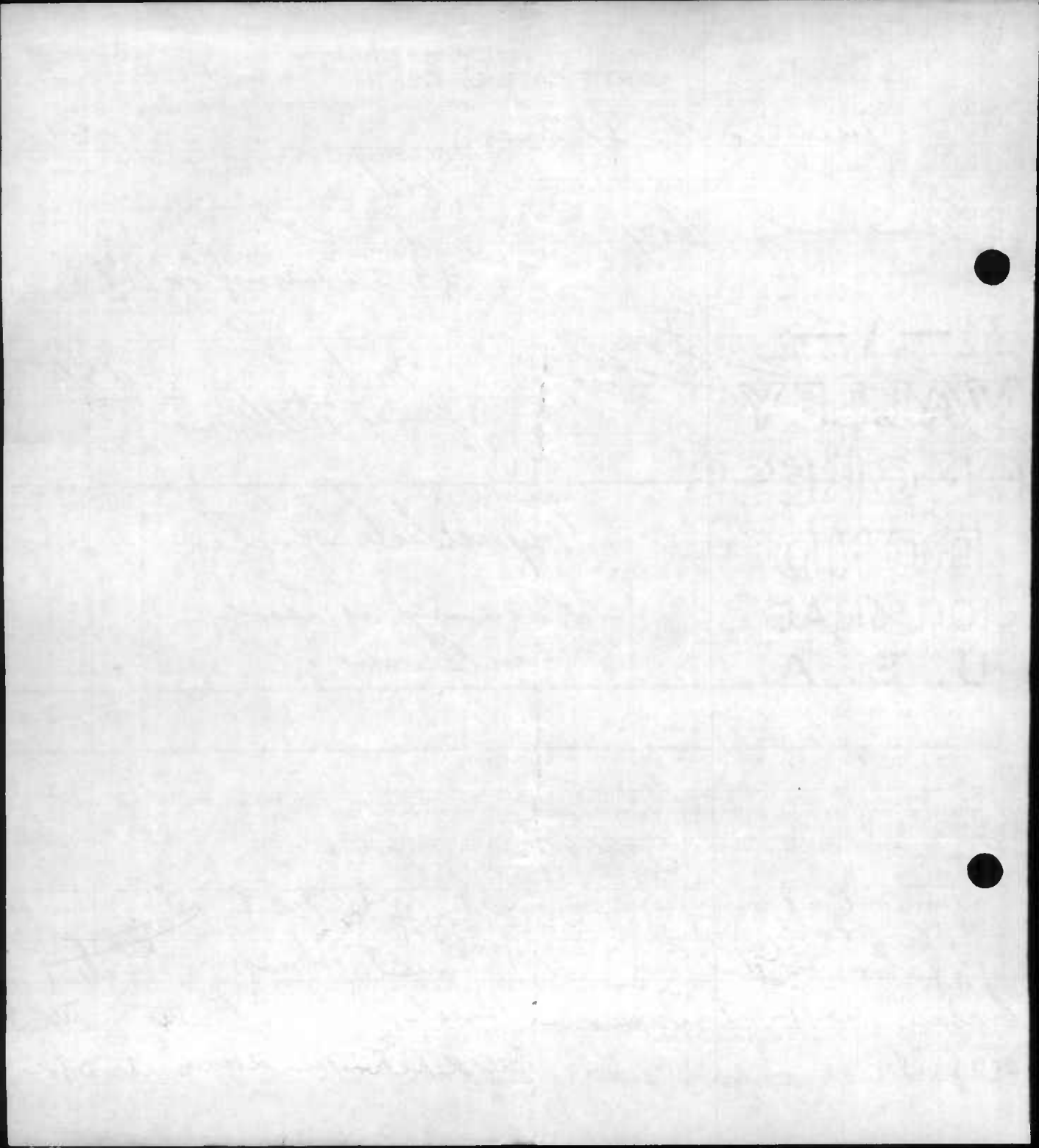
Jack Lewandke 2100 Cutaw Rd

VS 150

4906E

94a

MEDICAL CERTIFICATION



L-510

51 1292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1292
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY HAMPE

2. DATE
OF
DEATH

2-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4502 Whiteoak Ave

Yrs.

Mos.

Days

C. Length of stay in Baltimore

55

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

4502 Whiteoak Ave

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years;
last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

74

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Blanche Kaplan - Same

18. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Coriary failure
Coronary sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18/50 to 2/8/51, 1951, that I last saw the deceased alive on 2/8/51, 1951, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Hornstein

M. D.

23B. ADDRESS

204 E. Biddle St.

23C. DATE SIGNED

2/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-11-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewin

ADDRESS

2100 Eutan Pl

FEB 11 1951

94a

MEDICAL CERTIFICATION

Hornstone
Budda St

G-650

51 1293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1293

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LULA B. GREEN

2. DATE
OF
DEATH

2-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1316 Riggs Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1316 Riggs Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-02

D. STREET ADDRESS (If rural, give location)

1316 Riggs Ave.

Length of stay in Baltimore

48 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 18 94

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph H. Green

1316 Riggs Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Chronic valvular disease of
heart

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30-1950 to 2-8-1951, that I last saw the
deceased alive on 2-8-1951, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper M.D.

23B. ADDRESS

639 N. Carey St

23C. DATE SIGNED

2-10-51

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. S. Kellers

921

FEB 11 1951

Huntington Williams, M.D.

1303 Presbiterian, D.C.

1738-1

1941

E. coli

S-162

ND-14540251 1294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1294
Registered No.1. NAME OF DECEASED
(Type or Print)

Charles Severson

2. DATE
OF
DEATH Feb. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-08

D. STREET ADDRESS (If rural, give location)

1915 Homewood Avenue (18)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 21, 1873

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James ?

14. MOTHER'S MAIDEN NAME

Jinny Raisin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Bilateral, Acute & Chronic Pylonephritis
with Hypertrophy of median lobe of
prostate 1Wk.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Emphysema

6 Months

19A. DATE OF OPERATION

1-29-51

19B. MAJOR FINDINGS OF OPERATION

Benign Prostatic Hypertrophy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1951 to 2-9, 1951, that I last saw the
deceased alive on 2-9, 1951, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/51

24C. NAME OF CEMETERY OR CREMATORY

Still Pond Cem.

24D. LOCATION (City, town, or county)

Still Pond Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 11 1951

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran

3000 E. Balt. H.

See Document File 51-1294

2/28/51

ES

H-250
51 1295BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1295
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elbridge G. Hagan

2. DATE
OF
DEATH

Feb. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

00 3518 E. Baltimore St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3518 E. Baltimore St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

/?? 1873

9. AGE (In years last birthday)

87

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer (Industrial)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

? ?

14. MOTHER'S MAIDEN NAME

? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-07-4464

17. INFORMANT

ADDRESS

St.

Mrs Elizabeth Hagan 3518 E. Balto.

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

acute congestive heart failure

24 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arteriosclerotic cardiac disease

20 yr.

DUE TO

(C)

prostatic hypertrophy & urinary retention

3 yr.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

III.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 8, 1951, to Feb 9, 1951, that I last saw the deceased alive on Feb 9, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

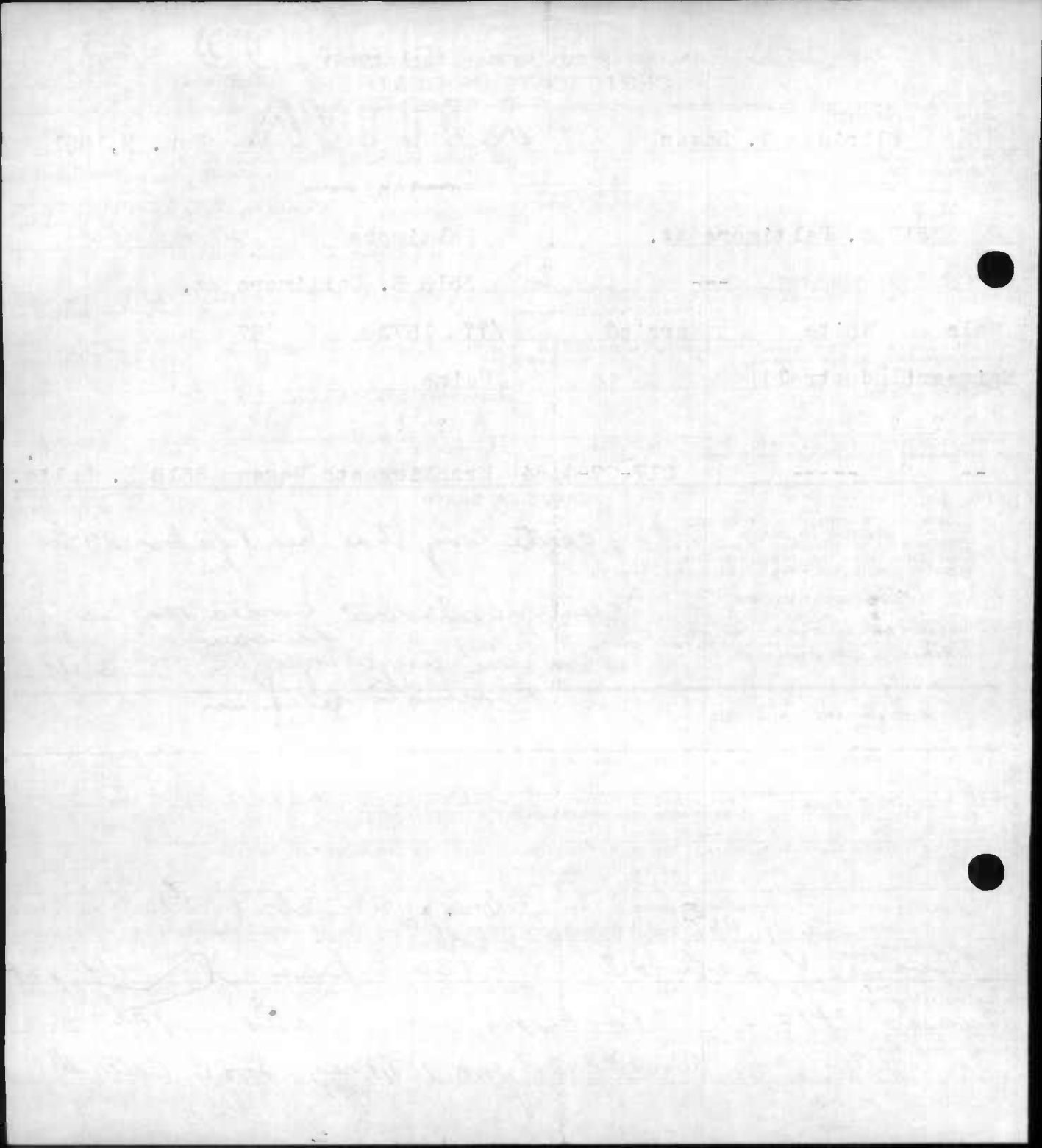
ADDRESS

FEB 11 1951

VS 150

John A. Moran 300 E. Balto. Md.

937



M-450 **CERTIFICATE CORRECTED** **2-23-51**
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 1296**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary T. Mullen

2. DATE
OF
DEATH

Feb. 9, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00 2903 E. Baltimore St.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-02

d. STREET ADDRESS (If rural, give location)

2903 E. Baltimore St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 15, 1877

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob D. Merriken

14. MOTHER'S MAIDEN NAME

Mary T. Gipprick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Joseph H. Mullen

ADDRESS **St.**

2903 E. Balto.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

hypertensive cardio vas. disease

15 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from **Feb 8**, 19**51**, to **Feb 9**, 19**51**, that I last saw the deceased alive on **Feb 9**, 19**51**, and that death occurred at **5 P.** m., from the causes and on the date stated above.

23a. SIGNATURE

Burton V. Joch MD.

23b. ADDRESS

2936 E Balto St.

23c. DATE SIGNED

2/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

2/13/51

24c. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cem

24d. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

John A Morgan

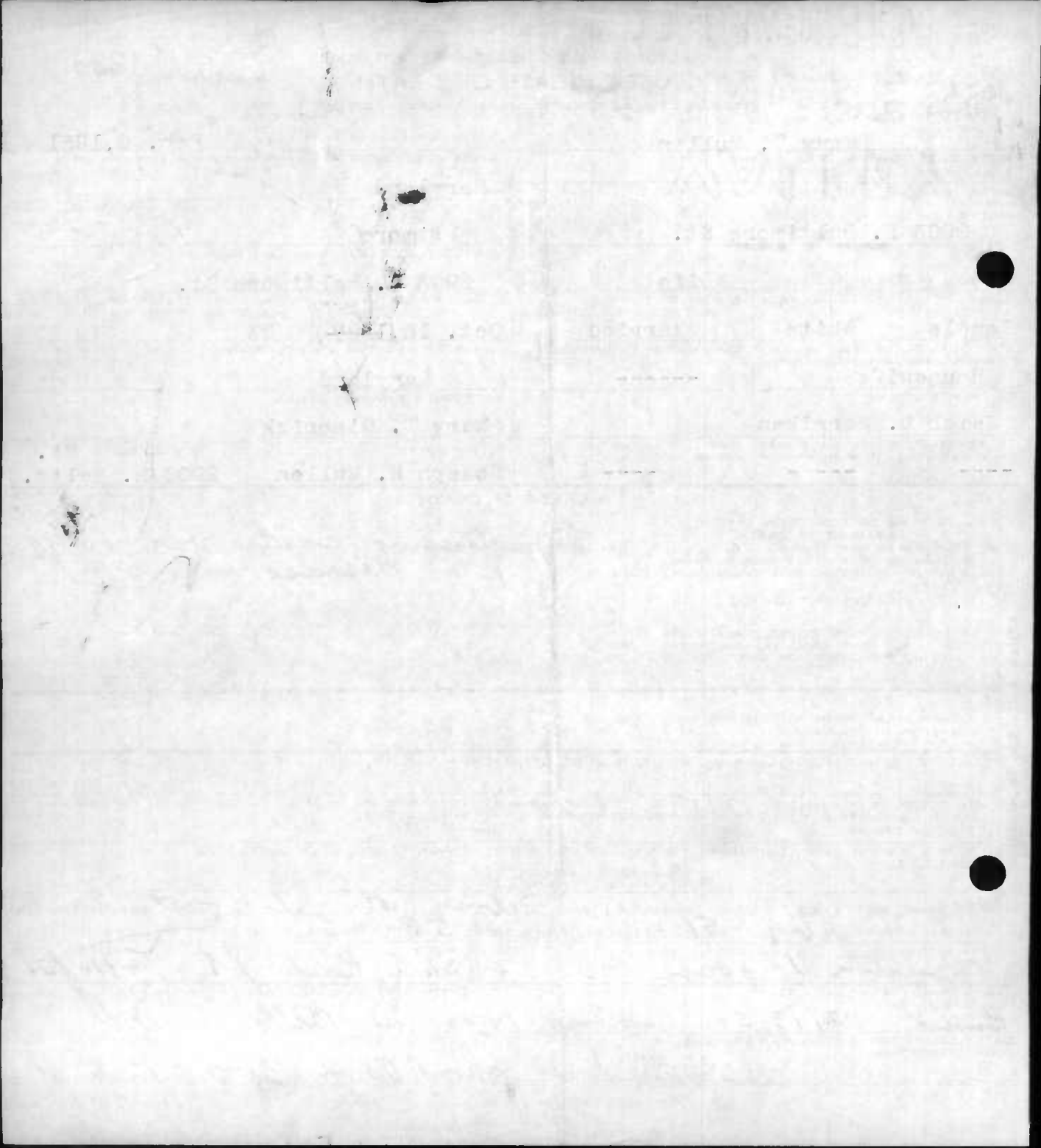
ADDRESS

3000 E Balto St.

FEB 11 1951

937

MEDICAL CERTIFICATION



51 1297
G-612BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1297
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBT. H. GERBIG

2. DATE
OF
DEATH

2/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSP.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 9, 1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ATTORNEY

10B. KIND OF BUSINESS OR
INDUSTRY

LEGAL.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE GERBIG

14. MOTHER'S MAIDEN NAME

KATIE J. BORN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS ROBERT H. GERBIG 102 GOODALE RD.

18. 602X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute pyelonephritis

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Renal Calculus

15 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Pulmonary edema
Dilated, mottled

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1951, to 2-9, 1951, that I last saw the
deceased alive on 2-9, 1951, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Stanley R. Steinbock

23B. ADDRESS

M. D.

Pulitzer Hosp.

23C. DATE SIGNED

2-9-51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

BURIAL

24B. DATE

2/12/51

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

FREDERICK ROAD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, Inc 715 LEAT ST

FEB 11 1951

VS 150

0558U

296

61

-30

MEDICAL CERTIFICATION

666816

West of England

12th

12th

12th

12th

12th

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1298
Registered No.

BIRTH NO. 51 1298

1. NAME OF DECEASED (Type or Print) DULANEY, DR. HENRY.			2. DATE OF DEATH 10th FEB 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY HARFORD		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home Hospital.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PERRYMAN.		
5. Length of stay in Baltimore			6. STREET ADDRESS (If rural, give location) 6200		
5. SEX MALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 28 1884		9. AGE (In years last birthday) 70 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10B. KIND OF BUSINESS OR INDUSTRY Medical Doctor	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME HENRY DULANEY			14. MOTHER'S MAIDEN NAME KATHERINE KENNEDY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS PATIENT		

MEDICAL CERTIFICATION

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA (A) DUE TO ANTECEDENT CAUSES RENAL. ARTERIOSCLEROSIS. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE-ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1 HYPERTENSIVE CARDIOVASCULAR DISEASE (B) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Collapse of 12th THORACIC VERTEBRA myocardial infarction old	INTERVAL BETWEEN ONSET AND DEATH 3 DAYS YEARS 3 DAYS 5 YEARS
---	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB 8 51 , to FEB 10th 51 , that I last saw the deceased alive on FEB 10 1951 , and that death occurred at 10:05 pm. from the causes and on the date stated above.					
23A. SIGNATURE Karl Moore M.D.		23B. ADDRESS CHURCH HOME HOSPITAL		23C. DATE SIGNED FEB 10 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 13 1951		24C. NAME OF CEMETERY OR CREMATORY Spesutia Cemetery	
24D. LOCATION (City, town, or county) (State) Perryman, Harford Co Md		25. FUNERAL DIRECTOR Henry Tarring and Sons		ADDRESS abandon	

DATE RECEIVED BY LOCAL REGISTRAR
2/11/51

REGISTRAR'S SIGNATURE

263
51 1299BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILDRED RICHARDS

2. DATE
OF
DEATH

FEB 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Tha 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-07

D. STREET ADDRESS (If rural, give location)

3718 HICKORY AVE.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-15-09

9. AGE (In years
last birthday)

41

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Snyder

14. MOTHER'S MAIDEN NAME

Bertha Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Rheumatic Heart Disease with

DUE TO

mitral stenosis and insufficiency
and tricuspid insufficiency

10+ yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(over)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3-1950 to 2-9-1951, that I last saw the
deceased alive on 2-9-1951 and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Marianne Foote Ellicott

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb. 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

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Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 11 1951

VS 150

Burial

Feb 12/51

Wesley Chapel

Carroll Co. Md.

DATE RECEIVED BY
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ADDRESS

FEB 11 1951

Was the R.H. condition accompanied
by action R? at the time of death?

murder, gunshot - a chronic condition?

See Document File 51-1299 for Autopsy Report
(no mention of activity in this report)

2/28/51 ES

620

BIRTH NO. 51 1300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1300

1. NAME OF DECEASED (Type or Print) VIOLA M. DORSEY			2. DATE OF DEATH February 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06		
length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3614 Elm Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 22, 1897	9. AGE (in years last birthday) 53	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer			10B. KIND OF BUSINESS OR INDUSTRY Md Nut & Bolt Co		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME William Freeland.			14. MOTHER'S MAIDEN NAME Minnie Stuzka		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Myrtle V. Ensor			ADDRESS 5623 Clearspring Rd		

18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple gunshot wounds of the chest DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Multiple gunshot wounds of the chest DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION February 8, 1951	19B. MAJOR FINDINGS OF OPERATION home	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3614 Elm Avenue
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 8, 1951 4:30 P.M.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Shot during altercation
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE RS Fisher	23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR	23C. DATE SIGNED Feb. 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 12/51	24C. NAME OF CEMETERY OR CREMATORY Bridgeway	24D. LOCATION (City, town, or county) (State) Pikesville, Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William Williams	FUNERAL DIRECTOR E. Bonoway	ADDRESS 3818 Roland Ave

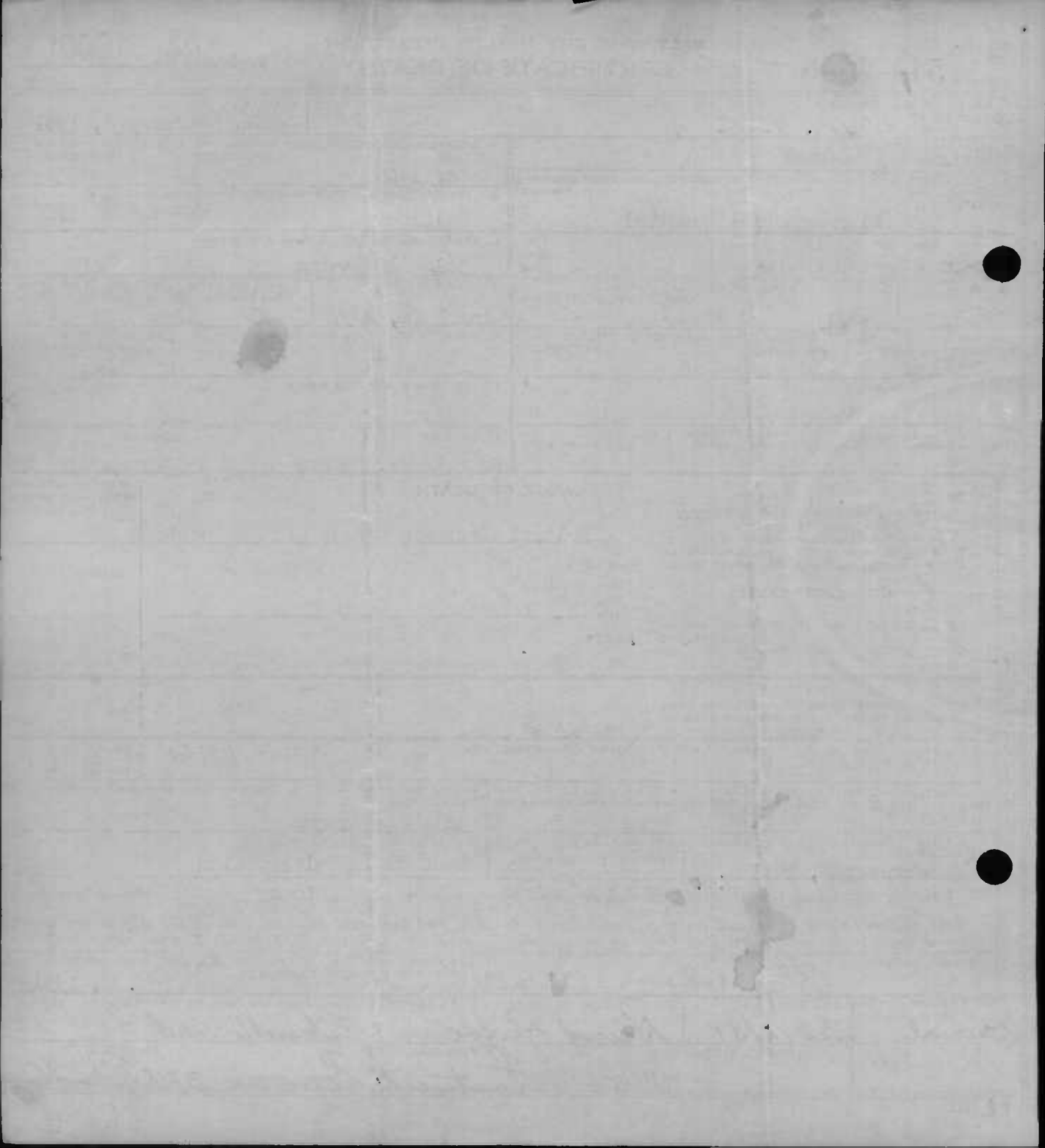
FEB 11 1951

N-862.4

69030

299

166



260
51 1301BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1301

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Asher

2. DATE
OF
DEATH

Feb. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Wom. Cl. A & 4

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Ky

B. COUNTY

V-15

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Fournmile

FOURNMILE

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-2-05

9. AGE (in years
last birthday)

45 46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ky.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. M. Cox

14. MOTHER'S MAIDEN NAME

Jane Davenport

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 606X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Circulatory Collapse
Prolonged infection of wound

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Extensive X-ray burns with
damage to abdominal wall
nerve + bladder

3 1/2 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Patient had 2 attempts to close
suprapubic bladder fistula

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Sept-Apr. 1950-51

and two operations to transplant bld vessels to

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22-, 1950, to 2-10-, 1951, that I last saw the
deceased alive on 2-10-, 1951, and that death occurred at 8:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Everett

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL

FEB. 11, 1951

PINEVILLE

PINEVILLE, KENTUCKY

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 12 1951

William Williams

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc. 1217 ST. PAUL ST.

There is no mention here of carcinoma
just bladder fistula - however -
would you mind verifying this please?

(If malignant - from clinical history
of decays - was there indication
of the probable primary site?)

Mr. Tarkenton said yes to bladder fistula!

400
51 1302BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1302
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Penn
HOWARD HULL2. DATE
OF
DEATH

2-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hosp.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

WESTMINSTER RFD 2

D. STREET ADDRESS (If rural, give location)

5600

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ~~MARRIED~~
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 29 1860

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Owner

11. BIRTHPLACE (State or foreign country)

Carroll Co

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William Henry Hull

14. MOTHER'S MAIDEN NAME

Elizabeth Penn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Florence Hull Westminster Md

18. 578X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Sustained Hemorrhage

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Benign prostatic hypert.

19A. DATE OF OPERATION

2-2-51

19B. MAJOR FINDINGS OF OPERATION

B. P. H.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1951, to 2-11, 1951, that I last saw the
deceased alive on 2-11, 1951, and that death occurred at 9:25 Am., from the causes and on the date stated above.

23A. SIGNATURE

Herbert K. Spurg

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Branch

24D. LOCATION (City, town, or county) (State)

Carroll Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

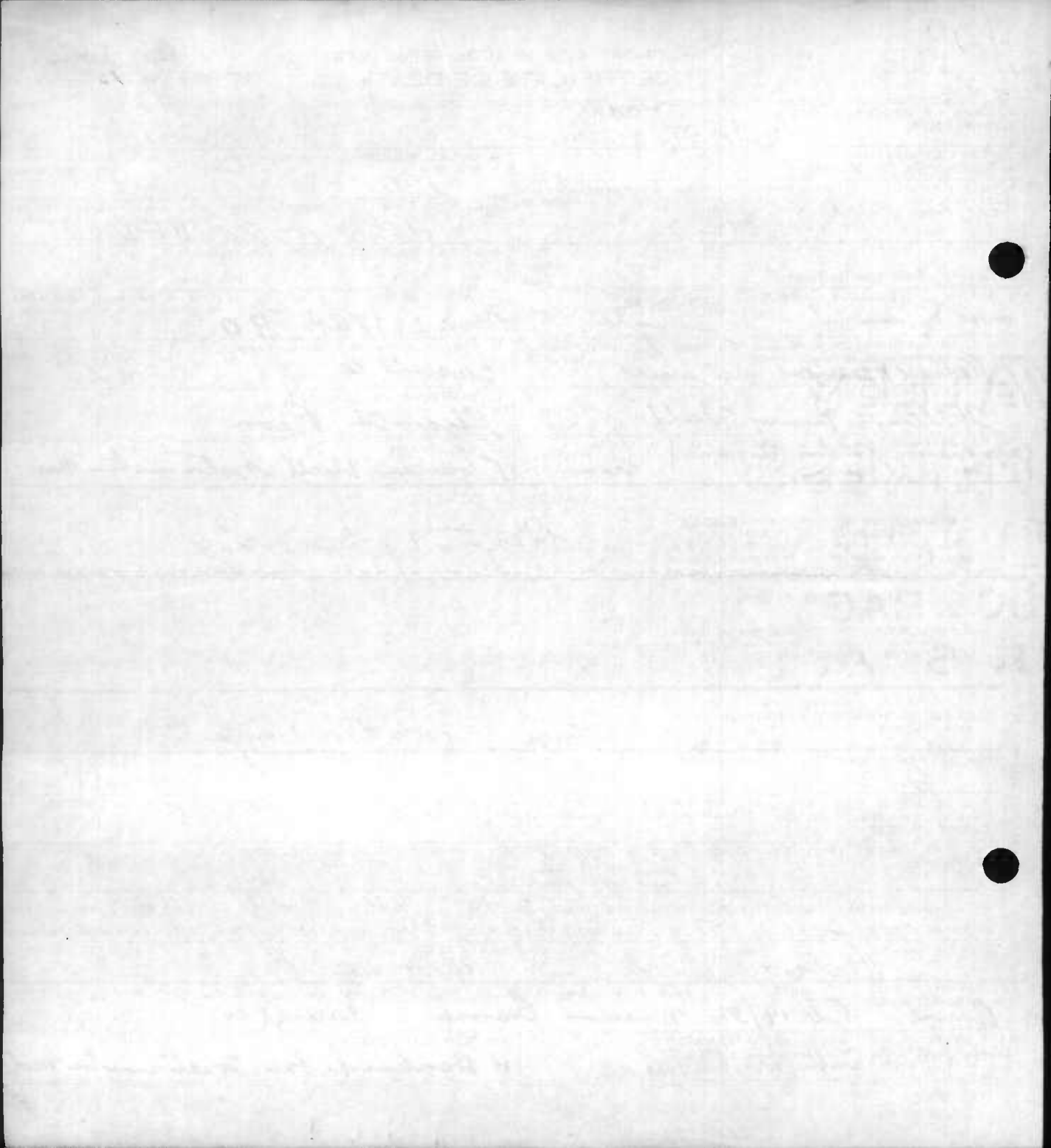
FEB 21 1951

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H Bankard, Inc Westminster, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1303
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Samuel Wm Miller M.D.

2. DATE OF DEATH

2/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

641 University Pkwy

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lancaster

D. STREET ADDRESS (If rural, give location)

225 N. Duke St

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 2, 1871

9. AGE (In years last birthday)

79

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lancaster, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Miller

14. MOTHER'S MAIDEN NAME

Caroline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. C. Webster Abbott 641 W. Univ. Pkw.

18. *4 yr*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic C.V. disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. J. Subramanian

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

2/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/11/51

24C. NAME OF CEMETERY OR CREMATORY

Lancaster, Pa.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Linnerson

25. FUNERAL DIRECTOR

William J. Linnerson

ADDRESS

744 E. Baltimore

CERTIFICATE OF DEATH

CAUSE OF DEATH

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
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 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

DECEASED
 NAME
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH
 OCCUPATION
 MARITAL STATUS
 EDUCATION
 RELIGION
 RACE
 COLOR

CERTIFICATE OF DEATH

Reg. Dist. No. 19-03

1. PLACE OF DEATH COUNTY Baltimore MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Catonsville		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Catonsville Balto. city	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miss Nellie Hood's Nursing Home, 5313 Edmondson Ave.		STREET ADDRESS (If rural, give location) 5313 Edmondson Ave. 1178	
3. NAME OF DECEASED (Type or Print)	(First) Emma (Middle) C. (Last) Donnelly	4. DATE OF DEATH (Month) Jan. (Day) 4, (Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 24, 1869
9. AGE last birthday 81 yrs.		10. If under 1 year Months 1 Days 10 Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Hardy		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Dorothy Donnelly, 2801 W. North Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

*Degenerative Cardiovas. Disease*INTERVAL BETWEEN ONSET AND DEATH **1 Mon**

Antecedent cause(s)

(b)

*Generalized Arterio Sclerosis***10 yrs**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) MURDER	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **12-16, 1950**, to **Jan 3, 1951**, that I last saw the deceased alive on **Jan 3, 1951**, and that death occurred at **6 A.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

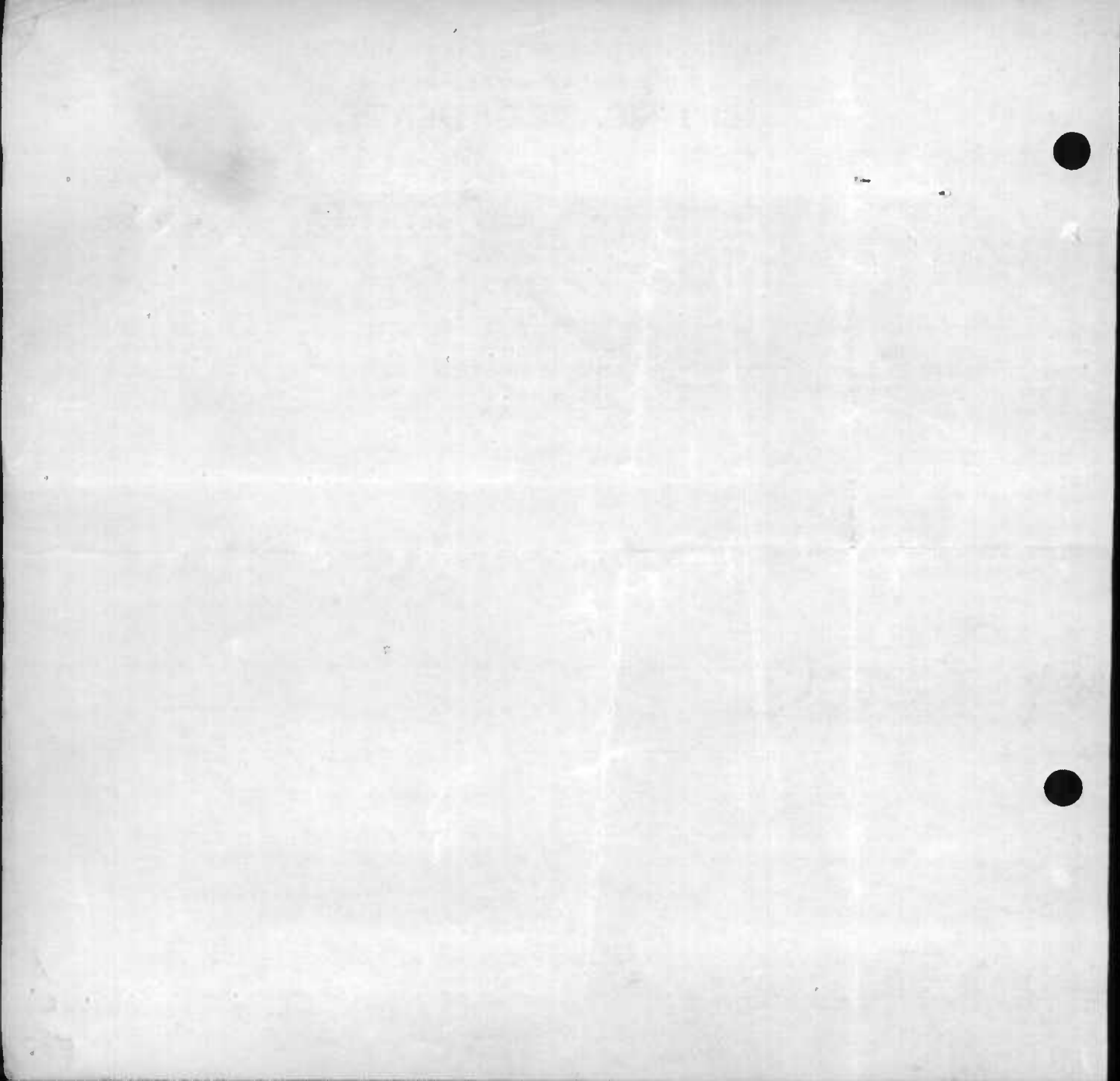
DATE SIGNED

23. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	DATE THEREOF Jan. 6/51	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) 3801 Frederick Rd. Balto.	(State) md.
DATE REC'D BY LOCAL REG. Jan 6 1951	REGISTRAR'S SIGNATURE R.W. Williams, M.D.	24. FUNERAL DIRECTOR Harry H. Witzke	ADDRESS 4101 Edmondson Ave.	

FEB 12 1951

93

Ave.



565
BALTIMORE CITY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

51 1305

1. 1305

CERTIFICATE OF DEATH 4221

Reg. Dist. No. 30

1. PLACE OF DEATH:

City or town Baltimore
Catonsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Yrs.
Hospital, institution, or street address where death occurred:
Hood Rest HomeHow long in hospital or institution? 5 Yrs.

3. (a) FULL NAME

Mary Timmermann

3. (b) Social Security Number

None

4. Sex FEMALE 5. Color or race W. 6. (a) Single, married, widowed, or divorced

Widowed

B. (b) Name of husband or wife Rudolph Timmermann7. Birth date of deceased (mo., day, yr.) Feb. 25, 1866 8. (c) If alive, give age 51 years8. AGE: Years 84 Months 11 Days 5 If less than one day
hrs. min.9. Birthplace Germany
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Gerhardt Wesselman13. Birthplace Germany14. Maiden name Adeline Hulscher15. Birthplace Germany16. Name Emma M. BowersAddress 755 Grantley St.17. Burial Baltimore Date thereof Feb. 2, 1951
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore
Baltimore, Md.Location Frederick H. Cole18. Funeral director Frederick H. ColeAddress 913 W. Baltimore St.19. 2 FEB 12 1951 Registrar John Williams

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County 16-08City or town 755 Grantley St.
(If outside city or town limits, write RURAL and give nearest town)Street No. Baltimore
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30, 19 51 at 7:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1951 to Jan 30 1951
and that I last saw him alive on Jan 29 1951Immediate cause of death Degenerative C. V. S.

DURATION

1 WEEKDue to Arterio Sclerosis
(Generalized)

Due to

Other conditions 422.1
93d (Include pregnancy within 3 months of death)Major findings of operations 0
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

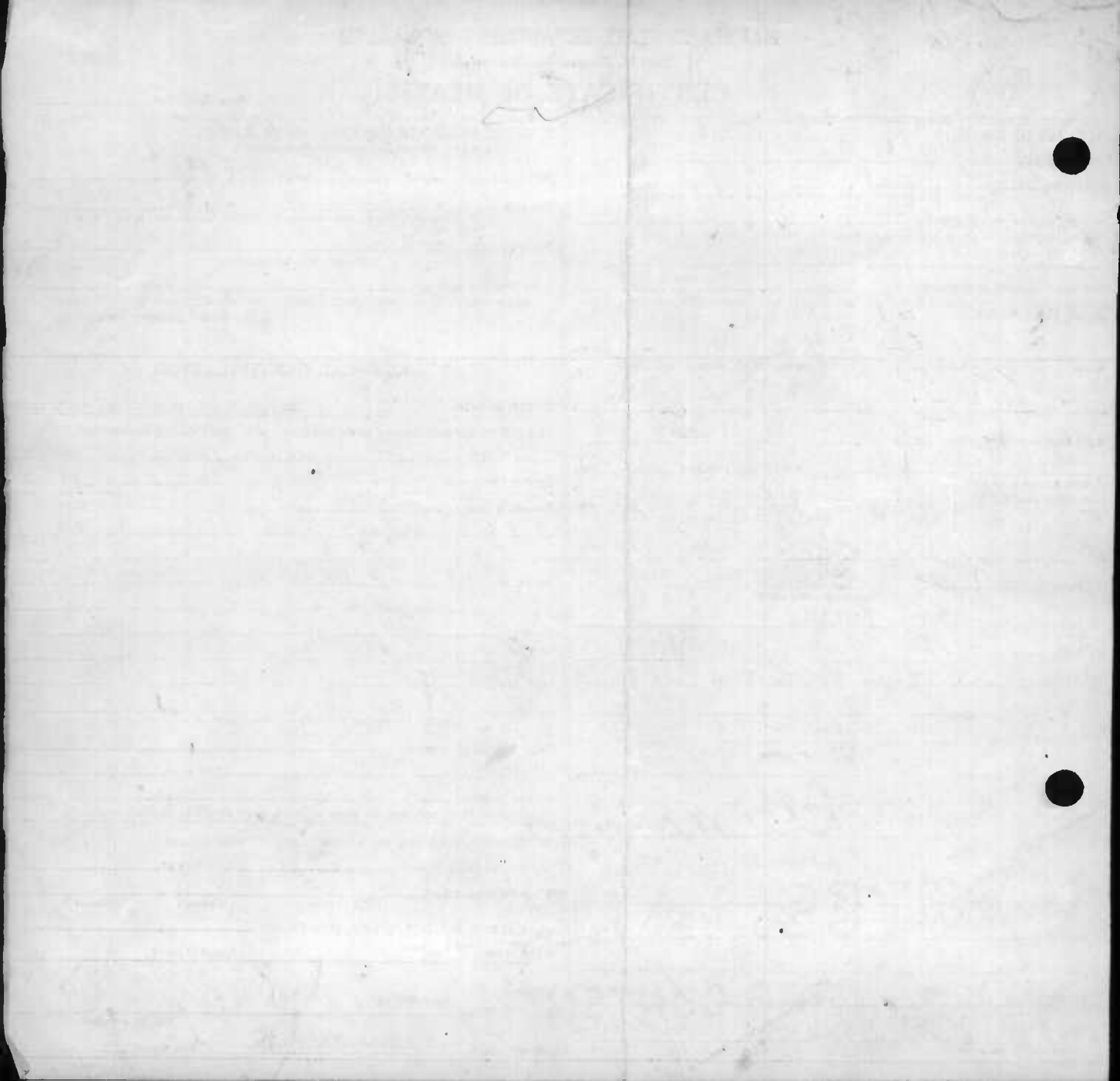
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. Stover M. D. or otherAddress Baltimore Date signed 2-1-51



5-435

MARYLAND STATE DEPARTMENT OF HEALTH

51 1306

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH- COUNTY <u>Balto</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Catonville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Balto</u>	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Wood Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>N. Calvert st.</u>	
3. NAME OF DECEASED (First) <u>Mary</u> (Middle) <u>Lyle</u> (Last) <u>Selden</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>21</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/9/1857</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	9. AGE last birthday <u>93</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Pa.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>V. Lyle Clark</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Emma Meyer 607 Winans Way</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Cerebral thrombosis due</u>		
(b) <u>Hypertensive and arteriosclerotic</u>		
(c) <u>cardiovascular disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>suicide</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

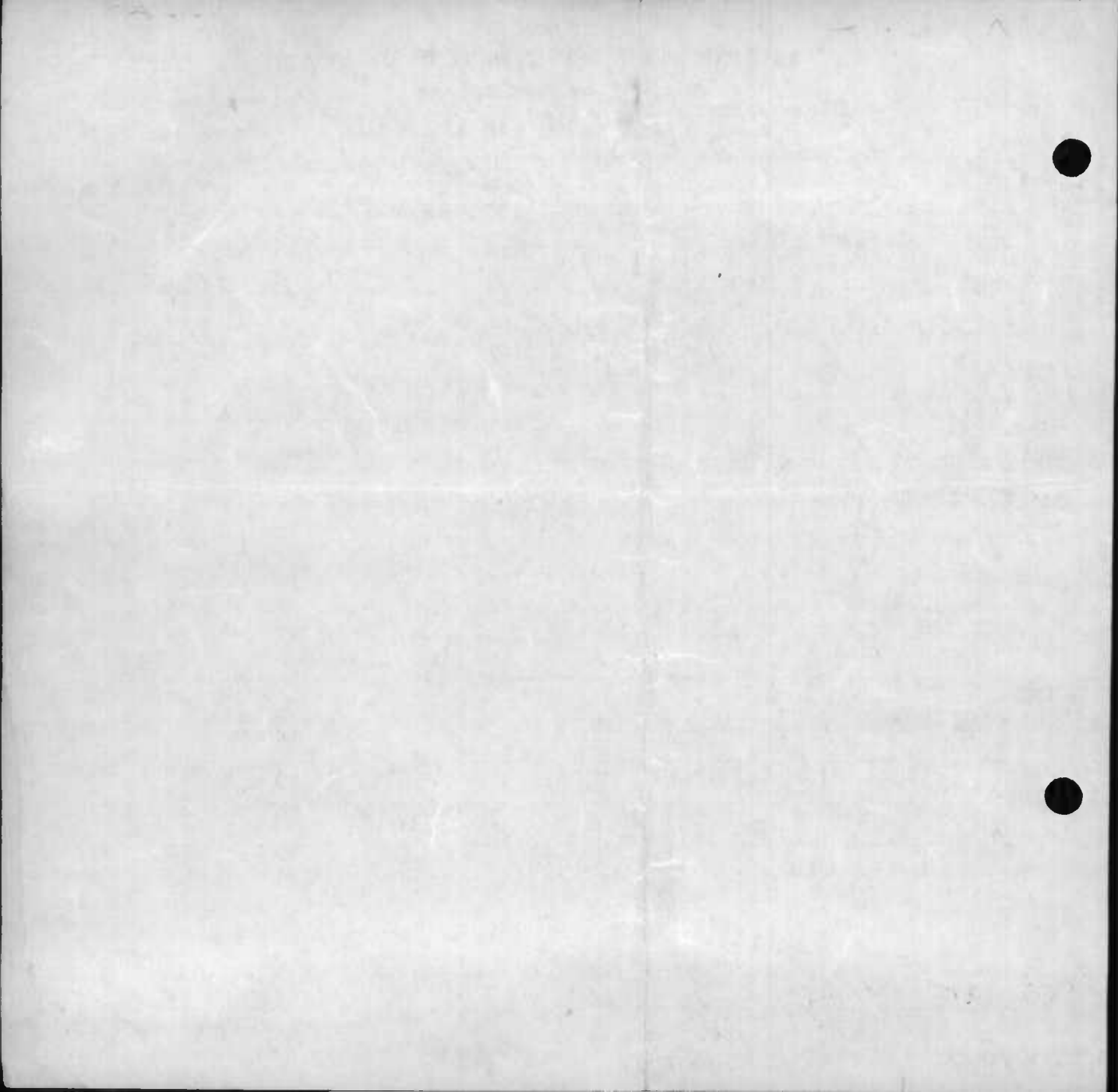
22. I hereby certify that I attended the deceased from 14 Jan, 1951, to 21 Jan, 1951, that I last saw the deceased alive on 20 Jan, 1951, and that death occurred at 3:42 p.m., from the causes and on the date stated above.

SIGNATURE Emil H. Henning Jr M.D. (Degree or title) ADDRESS 601 Winans Way DATE SIGNED 22 Jan 51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>1/23/51</u>	NAME OF CEMETERY OR CREMATORY <u>London Park</u>	LOCATION (City, town, or county) <u>Balto, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>1/23/51</u>	REGISTRAR'S SIGNATURE <u>A. W. DeBuck</u>	24. FUNERAL DIRECTOR <u>Wm. Cook Inc. 1217 St. Paul st.</u>	ADDRESS	

FEB 1 21951

932



4091307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1307

Registered No.

ND-145363
BIRTH NO.

51-01814

1. NAME OF DECEASED (Type or Print) Baby Boy Yowell (Geraldine)		2. DATE OF DEATH Jan. 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 25-05	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4705 Vessell Ct. (25)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 25, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 2	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Yowell		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	

18. 760.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Supratentorial Hemorrhage DUE TO Life		INTERVAL BETWEEN ONSET AND DEATH Life
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19. DATE OF OPERATION 2		

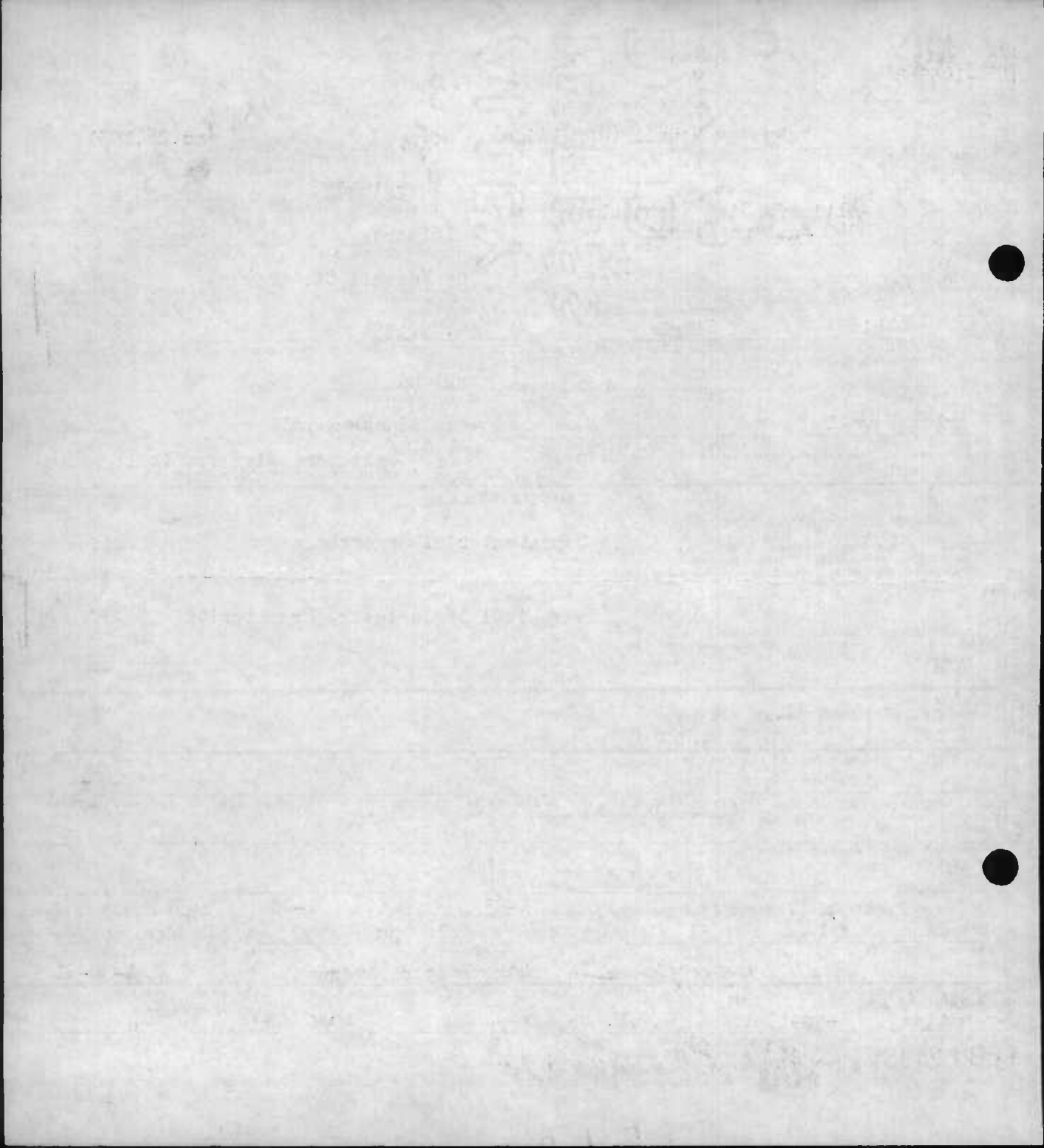
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-25**, 19**51** to **1-26**, 19**51**, that I last saw the deceased alive on **1-26**, 19**51** and that death occurred at **2:00 pm** from the causes and on the date stated above.

23A. SIGNATURE **R.B. Rogers** M.D. 23B. ADDRESS **4940 Eastern Avenue** 23C. DATE SIGNED **1-30-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)
Cremation 24B. DATE **9am 1-30-1951** 24C. NAME OF CEMETERY OR CREMATORY **B.C.H. Crematory** 24D. LOCATION (City, town, or county) (State)
4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR **FEB 1 21951** REGISTRAR'S SIGNATURE **William Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS



2-143681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1308

51 1308

BIRTH NO. 50-25698

Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Peacock, Betty Jane			2. DATE OF DEATH 1-30-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-08		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2322 Frederick Avenue (23)		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 25, 1950		9. AGE (In years last birthday) 2 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Roland Peacock			14. MOTHER'S MAIDEN NAME Betty Jane Babylon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 4940 Records* Balto. City Hospitals Eastern Ave		

18. E 951.7 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Transfusion Reaction DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity Life		INTERVAL BETWEEN ONSET AND DEATH 30 Seconds (over)
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19A. DATE OF OPERATION 1-30-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-25, 1950, to 1-30, 1951, that I last saw the deceased alive on 1-30, 1951, and that death occurred at 8:25 P., from the causes and on the date stated above.				
23A. SIGNATURE J. Crozer		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 2-2-51	24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 2 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS	

"Unusual reaction to excessive citrate in
transfused blood. (therapeutic misadventure)

Dr. Fisher 5/14/51

J. Boyle

20045415

51 1309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1309

BIRTH NO. 51-0827

1. NAME OF DECEASED

(Type or Print) Baby Boy Mack, Ernestine

2. DATE
OF
DEATH

1-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

410 Carrollton Avenue (23) - N.

E. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 27, 1951

9. AGE (in years last birthday)

If Under 1 Year	If Under 24 Hours
Months: Days	Hours: Min.
2	20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Raymond Parker

14. MOTHER'S MAIDEN NAME

Ernestine Mack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave

18. 760.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Supratentorial Hemorrhage

DUE TO

2 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital Atelectasis

DUE TO

2 Days

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

2 Days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>
--	--

22. I hereby certify that I attended the deceased from 1-27, 19 51 to 1-29, 19 51 that I last saw the deceased alive on 1-29, 19 51 and that death occurred at 3:32 A., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

4940 Eastern Avenue

2-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

2-2-51

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

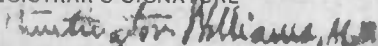
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1951



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1310

Registered No.

BIRTH NO.

51-02591

1. NAME OF DECEASED
(Type or Print)

Baby Mc Carthy "Delores"

2. DATE
OF
DEATH

February 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

902 Shuter Street

5. SEX

Male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

February 1, 1951

9. AGE (In years last birthday)

If Under 1 Year Months: Days

1

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Roy Lee Via

14. MOTHER'S MAIDEN NAME

Delores Mc Carthy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 2610 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Intracranial hemorrhage

DUE TO

(B)

Breech extraction

DUE TO

(C)

Breech presentation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congenital anomalies.

Borcatation of aorta, Polycystic kidneys

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1, 1951, to February 2, 1951, that I last saw the deceased alive on Feb. 2, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner Jr. M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 1 2 1951

L. Williams, M.D.

VS 150

157F

MEDICAL CERTIFICATION

1000

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)STANLEY
Baby Stnaley "Pamela Pierce"2. DATE
OF
DEATH

February 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, give name of town and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1610 Eutaw Place

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

February 2, 1951

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days

1

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stan Stanley

14. MOTHER'S MAIDEN NAME

Pamela Pierce

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Immaturity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Premature labor
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from February 2, 1951 to February 3, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 3:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner, Jr. M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1951

Huntington Williams, M.D.

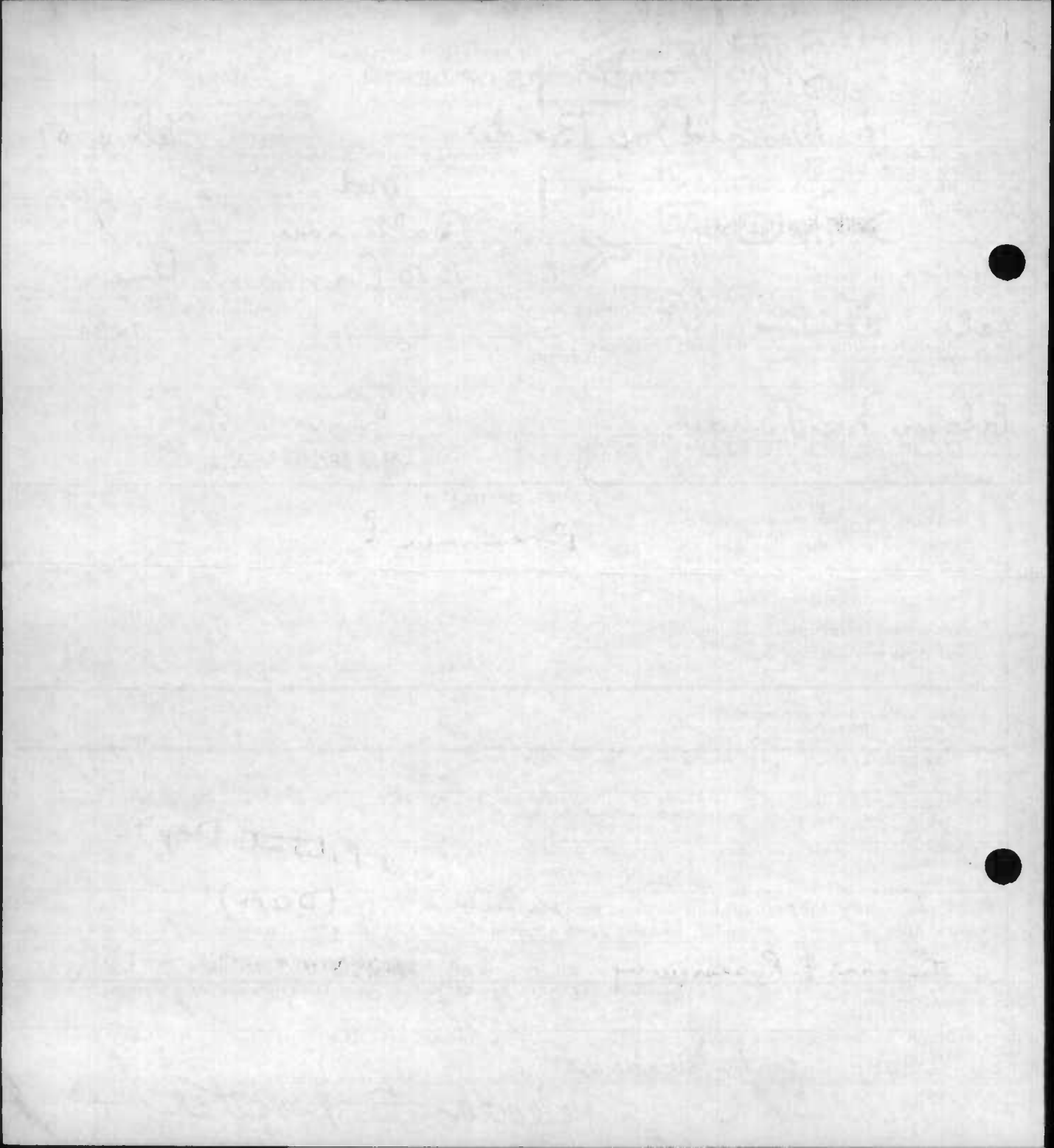
AT 207-3017045

(921-2)

Inventory
Reference Index

207-3017045

207-3017045



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51. 1313
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET Hannah LIPSCOMB

2. DATE
OF
DEATH

February 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

309 E. 28th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

309 E. 28th Street

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 8, 1903

9. AGE (In years last birthday)

47

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Archibald J. Lipscomb

14. MOTHER'S MAIDEN NAME

Edith Brannan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-10-5057

17. INFORMANT

ADDRESS

Elra B. Lipscomb 309 E. 28th Street

18. **289.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lott

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mount Olivet

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Lott

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 151

3906C

Horace F. Burgee

124B ✓

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Revised 1952

FILE NO. _____
DATE OF DEATH _____
PLACE OF DEATH _____

DECEASED'S NAME _____
AGE _____ SEX _____
RACE _____

DATE OF DEATH _____

PLACE OF DEATH _____

DECEASED'S ADDRESS _____

CITY _____ STATE _____

DECEASED'S OCCUPATION _____

DECEASED'S MARITAL STATUS _____

DECEASED'S BIRTH DATE _____

DECEASED'S BIRTH PLACE _____

DECEASED'S BIRTH RECORD NO. _____

DECEASED'S SOCIAL SECURITY NO. _____

DECEASED'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S NAME _____

DECEASED'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S NAME _____

DECEASED'S FATHER'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S FATHER'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S FATHER'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S FATHER'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S FATHER'S NAME _____

DECEASED'S SEX _____

DECEASED'S RACE _____

DECEASED'S AGE _____

DECEASED'S OCCUPATION _____

DECEASED'S MARITAL STATUS _____

DECEASED'S BIRTH DATE _____

DECEASED'S BIRTH PLACE _____

DECEASED'S BIRTH RECORD NO. _____

DECEASED'S SOCIAL SECURITY NO. _____

DECEASED'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S NAME _____

DECEASED'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S NAME _____

DECEASED'S FATHER'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S FATHER'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S FATHER'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S FATHER'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S OCCUPATION _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S BIRTH DATE _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S BIRTH PLACE _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S BIRTH RECORD NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S SOCIAL SECURITY NO. _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S MOTHER'S MAIDEN NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S FATHER'S NAME _____

DECEASED'S FATHER'S FATHER'S FATHER'S FATHER'S FATHER'S OCCUPATION _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic

DUE TO

ANTECEDENT CAUSES

(B) Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Myocardial Insufficiency

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

215

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1315
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Florence E. Calder			2. DATE OF DEATH Feb. 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 27 N. Carey St.,			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-06		
D. LENGTH OF STAY IN BALTIMORE Lifetime			E. STREET ADDRESS (If rural, give location) 2609 Gibbons Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid wed	8. DATE OF BIRTH May 16, 1870	9. AGE (In years last birthday) 80	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10B. KIND OF BUSINESS OR INDUSTRY Shirt factory		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George P. Wright			14. MOTHER'S MAIDEN NAME Anne Cooper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mrs. Alice Price			ADDRESS 2609 Gibbons Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 wk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential Hypertension		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pernicious Anemia		10 yr

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1935** to **Feb 10, 1951** that I last saw the deceased alive on **Feb 7, 1951** and that death occurred at **6:30 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE **John J. Kimzey** M. O. **2700 Harford Road** 23C. DATE SIGNED **Feb 11 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Feb. 12, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Greenmount** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 12 1951** REGISTRAR'S SIGNATURE **Walter J. Williams, M.D.** 25. FUNERAL DIRECTOR **Ullrich Funeral Home** ADDRESS **2008 Orleans St.,**

RECEIVED

10-10-1910

W. E. F.

235
1316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

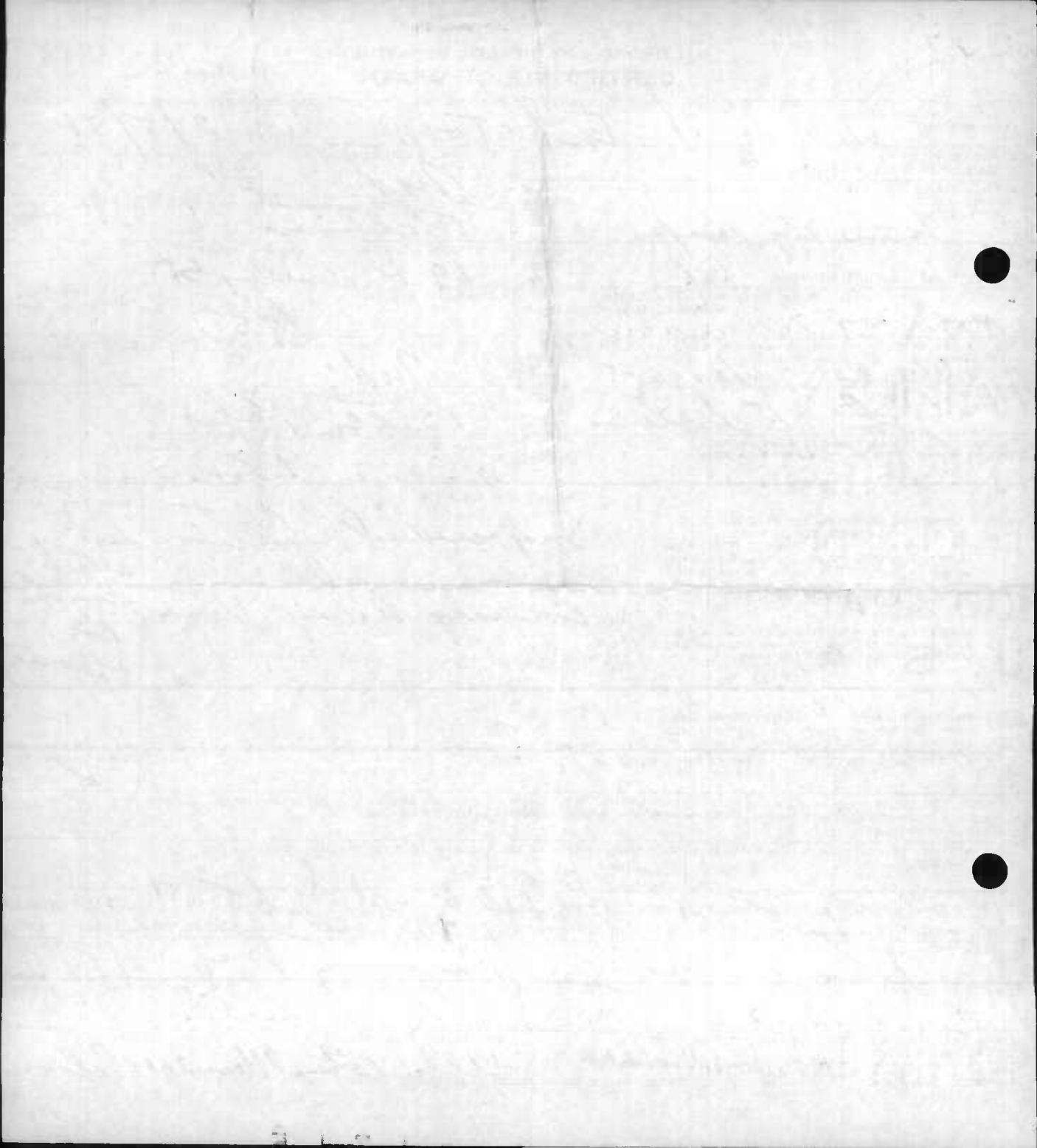
51 1316
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William J. Eckstein</i>		2. DATE OF DEATH <i>2/8/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2</i>		4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>24</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>38 University Hops.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-01</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>29 N. Curlew St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>45</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Lexaco Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Ind.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John Eckstein</i>			
14. MOTHER'S MAIDEN NAME <i>Betty Papes</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mr. Marshall Eckstein 29 Curlew St.</i>			

18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Coronary Artery Disease</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>Last attack less than 1 hr. apparently</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 6</i> , 19 <i>51</i> , to <i>Feb 8</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Feb 8</i> , 19 <i>51</i> , and that death occurred at <i>7:42</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John G. Kelly</i>		23B. ADDRESS <i>University Hops</i>		23C. DATE SIGNED <i>2/8/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 12/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) <i>Baltimore</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>William L. Hume 2608 Glen</i>	

MEDICAL CERTIFICATION



632
51 1317

Kirtscher
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1317

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Clara Ella Kirtscher</u>			2. DATE OF DEATH <u>2-7-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hospital for Women of Md</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>64</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>402 N. Robinson St.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 17 1886</u>	9. AGE (In years last birthday) <u>64</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>William E. Mitzel</u>			14. MOTHER'S MAIDEN NAME <u>Not Given</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Edward Kirtscher</u>			ADDRESS <u>2720 Beryl Ave -</u>		

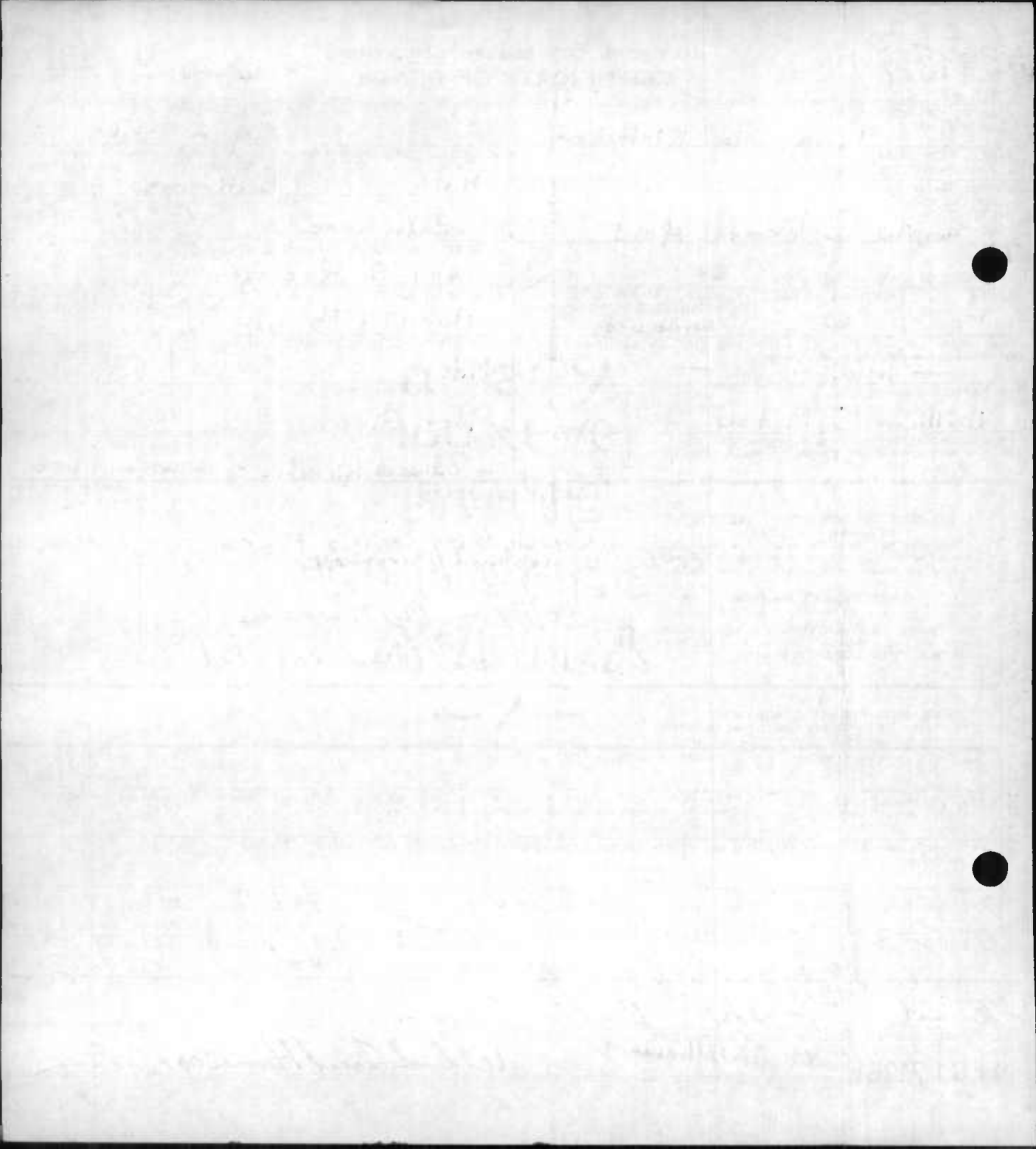
18. <u>460X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) <u>Overwhelming toxicity + lower nephron / nephrosis</u>	<u>1 week</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Erythema Multiforme</u>	
		(C) <u>Varicose ulcer - infected</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 4</u> , 1951, to <u>Feb 7</u> , 1951, that I last saw the deceased alive on <u>Feb 7</u> , 1951, and that death occurred at <u>6:25 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Edna E. Mize</u>		23B. ADDRESS <u>Home's Hospital</u>		23C. DATE SIGNED <u>2/7/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb 12/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Balto Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>		25. FUNERAL DIRECTOR <u>William J. Williams</u>		ADDRESS <u>200 F. Allen</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 12 1951</u>		REGISTRAR'S SIGNATURE <u>William J. Williams</u>			

VS 150

133B

MEDICAL CERTIFICATION



460
51 1318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1318

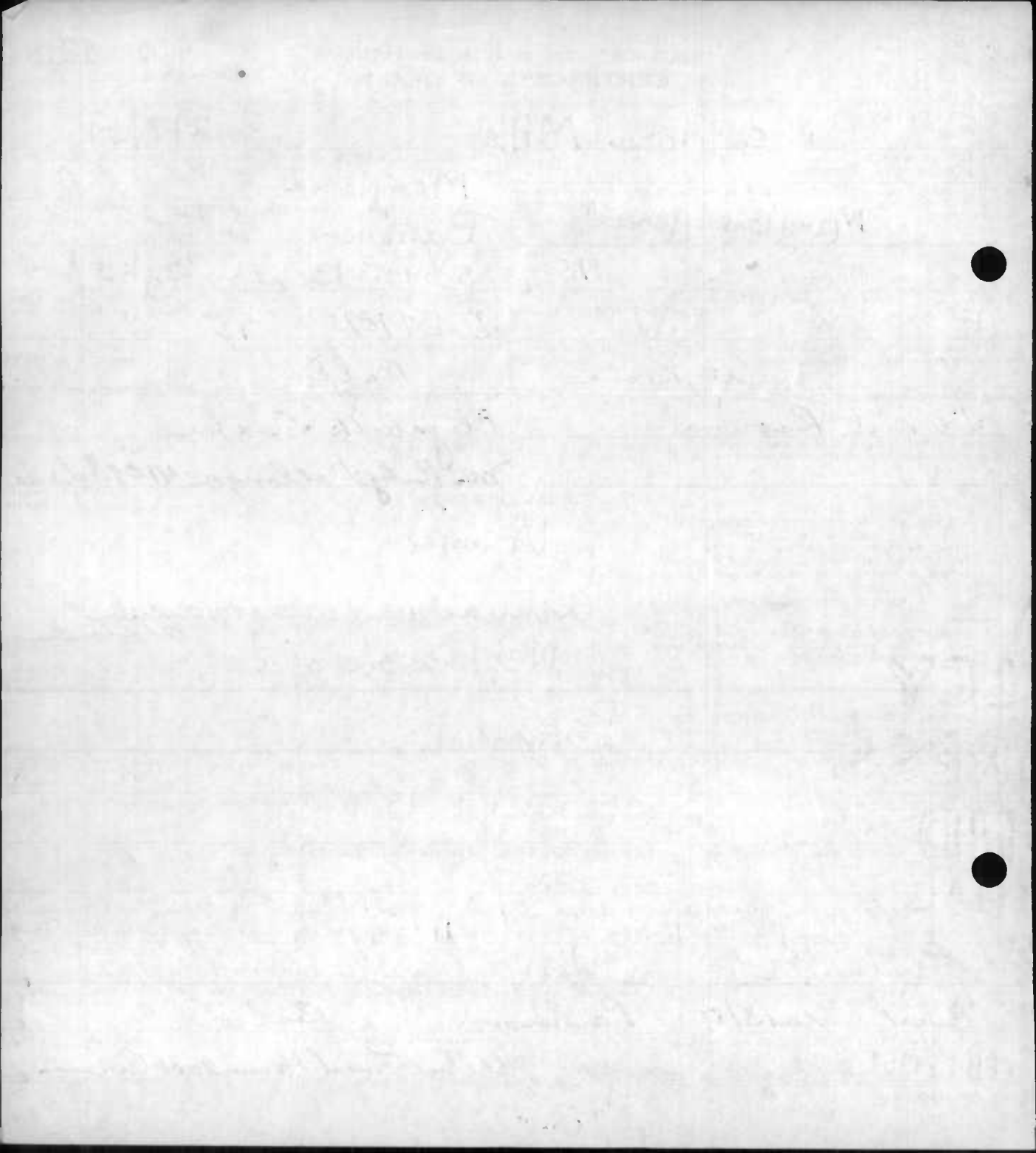
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Anna Miller		2. DATE OF DEATH 2/8/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General		C. CITY OR TOWN (If outside corporate limits, give rural and give township) Baltimore 27-34	
6. Length of stay in Baltimore 75 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5615 Benton Heights Ave 60	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Dec 7 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 75
11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Daniel Brown		14. MOTHER'S MAIDEN NAME Elizabeth Decker ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Mr Ruby Dellinger 4109 Idaho	
16. SOCIAL SECURITY NO.			

MEDICAL CERTIFICATION

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease		DUE TO (A) Nephrosclerosis			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia		DUE TO (B) Nephrosclerosis			
DUE TO (C) Pneumonia					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/3 1951 to 2/8 1951 , that I last saw the deceased alive on 2/8 1951 and that death occurred at 11:35 PM , from the causes and on the date stated above.					
23A. SIGNATURE Marguerite Louise Cedar		23B. ADDRESS Maryland General Hosp		23C. DATE SIGNED 2/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Feb 13/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Balto					
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1951		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Calver	



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOSEPH SHOENIG		2. DATE OF DEATH 2-11-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4239 Park Heights Ave Baltimore 27-18		C. CITY OR TOWN (If outside corporate limits, write R.U.A., and give township)			
C. Length of stay in Baltimore 21 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3615 W. Garrison Ave			
5. SEX Male	6. COLOR OF RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years; last birthday) 65	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (State or foreign country) Lith	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Jace		14. MOTHER'S MAIDEN NAME Mashi	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Lennie Shoenig - Same	
18. 4/20/11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO Gen. Extension			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO			
		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 20, 1951 to Feb 11, 1951 that I last saw the deceased alive on Feb 11, 1951 and that death occurred at 6:20 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Lacene L. Quinn M.D.		23B. ADDRESS 1261 C. Ave. Bklyn		23C. DATE SIGNED 2/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-12-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Jack Lewis & Co 2100 Centard Pl	

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94a

Sam Legum
1261 E North Ave
Pe 2592 MO 7775

220
1820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1320

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Carol Lynne Lucas</i>		2. DATE OF DEATH <i>Feb. 11/1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Florida</i> B. COUNTY <i>V-18</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Miami</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>945 N.E. 122nd St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>2-11-32</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>19</i>
13. FATHER'S NAME <i>Ford Lucas</i>		11. BIRTHPLACE (State or foreign country) <i>Fremont, Ohio</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>237X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brain Stem Tumor</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <i>7 mo.</i> (over)
---	--

19A. DATE OF OPERATION <i>Jan. 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Inoperable Brain Stem Tumor</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>12/23/1950</i> to <i>2/11/1951</i> , that I last saw the deceased alive on <i>2/11/1951</i> , and that death occurred at <i>2</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Charles M. Linn</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>2/12/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Miami, Florida</i>		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Ticken</i>		25. FUNERAL DIRECTOR <i>Wm. J. Ticken</i> ADDRESS <i>North Ave. Bldg. 7, N.Y.</i>

For Statistical Purposes only: DO NOT COPY

See Document File 51-1320

4/11/51 ES

"Neoplasm of brain stem. History of intractable nausea and vomiting.
Somatic and visceral atrophy. Bronchopneumonia of right lung.
Single cystic ovary."

250
1321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1321

BIRTH NO. 50-22048		2. DATE OF DEATH 2-10-1951	
1. NAME OF DECEASED (Type or Print) William A. Hagan		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write R.R. 1, and give township) BALTIMORE 10-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1036 Homewood Ave		D. STREET ADDRESS (If rural, give location) 1036 Homewood Ave	
c. Length of stay in Baltimore 4 Yrs. Mos. Days		8. DATE OF BIRTH 10-9-1950	
5. SEX MALE	6. COLOR OR RACE WHITE	9. AGE (In years last birthday) 4	10. Under 1 Year Months: Days 0
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child		11. BIRTHPLACE (State or foreign country) BALTIMORE	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		12. CITIZEN OF WHAT COUNTRY? ✓	
10B. KIND OF BUSINESS OR INDUSTRY		14. MOTHER'S MAIDEN NAME Hilda M. Welsh	
13. FATHER'S NAME STEVEN S. HAGAN		17. INFORMANT ADDRESS One STEVEN S. HAGAN 1036 Homewood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) bronch-pneumonia DUE TO	
ANTECEDENT CAUSES (B) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 days.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8 Feb 1951, to 10 Feb 1951, that I last saw the deceased alive on 8 Feb 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.	
23A. SIGNATURE S. Lilliput		23B. ADDRESS 714 E. Eager St.	
23C. DATE SIGNED 11 Feb 1951		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE 2-13-1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery Baltimore Md	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 21951		REGISTRAR'S SIGNATURE Huntington Williams	

MEDICAL CERTIFICATION

THE CHAIRMAN OF THE BOARD
OF DIRECTORS OF THE
COMPANY

TO THE HONORABLE MEMBERS OF THE
LEGISLATIVE ASSEMBLY

IN RESPONSE TO A RESOLUTION
PASSED BY THE ASSEMBLY

ON THE 11TH DAY OF MAY 1954

IN THE MATTER OF THE
COMPANY

AND IN THE MATTER OF THE
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51. 1322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 1322
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **MARY ELIZABETH REYNOLDS** 2. DATE OF DEATH **Feb. 10, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE **MARYLAND** B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **LUTHERAN HOSPITAL OF MARYLAND** 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE** 20-02

7. Length of stay in Baltimore **31 yrs** 8. STREET ADDRESS (If rural, give location) **2331 W. LEXINGTON ST. #23**

9. SEX **F** 10. COLOR OR RACE **W** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 12. DATE OF BIRTH **Oct. 14, 1883** 13. AGE (In years last birthday) **67**

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **H. W.** 15. KIND OF BUSINESS OR INDUSTRY **Own Home** 16. BIRTHPLACE (State or foreign country) **Va.** 17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME **A. J. Whitlock** 19. MOTHER'S MAIDEN NAME **Anna Flick**

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 21. SOCIAL SECURITY NO. 22. INFORMANT ADDRESS **Mrs. Gladys Whitlock, 5229 Patrick**

23. CAUSE OF DEATH **Henry Drive** 24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **(A) Congestive Heart Failure** 25. INTERVAL BETWEEN ONSET AND DEATH **1 wk**
26. ANTECEDENT CAUSES **(B) Arteriosclerotic cardiovascular disease** 27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **3 yrs**
28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **(C) Cholelithiasis**

29. DATE OF OPERATION 30. MAJOR FINDINGS OF OPERATION 31. AUTOPSY? YES ☒ NO ☐

32. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 9, 1951**, to **Feb. 10, 1951**, that I last saw the deceased alive on **Feb. 10, 1951**, and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Miriam S. Daly** M. D. 23B. ADDRESS **Lutheran Hosp. of Md.** 23C. DATE SIGNED **Feb. 10, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Feb. 13/51** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore National** 24D. LOCATION (City, town, or county) (State) **5501 Frederick Rd, Balto. Md.**

25. DATE RECEIVED BY LOCAL REGISTRAR **FEB 12 1951** 26. REGISTRAR'S SIGNATURE **William Williams** 27. FUNERAL DIRECTOR **Harry A. Wiegman** 28. ADDRESS **4101 Edmondson Ave**

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

CLASS: [Illegible]

FILE: [Illegible]

STATUS: [Illegible]

REMARKS: [Illegible]

ADMINISTRATIVE: [Illegible]

OTHER: [Illegible]

APPROVED: [Illegible]

SPECIAL AGENT IN CHARGE

NEW YORK

TELETYPE: [Illegible]

TELEPHONE: [Illegible]

MAIL: [Illegible]

RECORDS: [Illegible]

TRAINING: [Illegible]

RESEARCH: [Illegible]

INVESTIGATION: [Illegible]

ADMINISTRATION: [Illegible]

OTHER: [Illegible]

REMARKS: [Illegible]

ADMINISTRATIVE: [Illegible]

OTHER: [Illegible]

REMARKS: [Illegible]

ADMINISTRATIVE: [Illegible]

OTHER: [Illegible]

REMARKS: [Illegible]

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REMARKS: [Illegible]

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OTHER: [Illegible]

REMARKS: [Illegible]

ADMINISTRATIVE: [Illegible]

OTHER: [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 1323

51 1323

1. NAME OF DECEASED (Type or Print) Katherine M. Zak		2. DATE OF DEATH Feb. 10/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2906 W. Lafayette Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2906 W. Lafayette Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 2, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 57
13. FATHER'S NAME James Zak		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? ✓	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Frances---	
17. INFORMANT		ADDRESS Miss Frances Wacek, 2906 W. Lafayette Ave	

18. 411X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ante Insufficiency & Congestive Heart Failure. Rheumatic Heart Disease	CAUSE OF DEATH Ave	INTERVAL BETWEEN ONSET AND DEATH 25 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

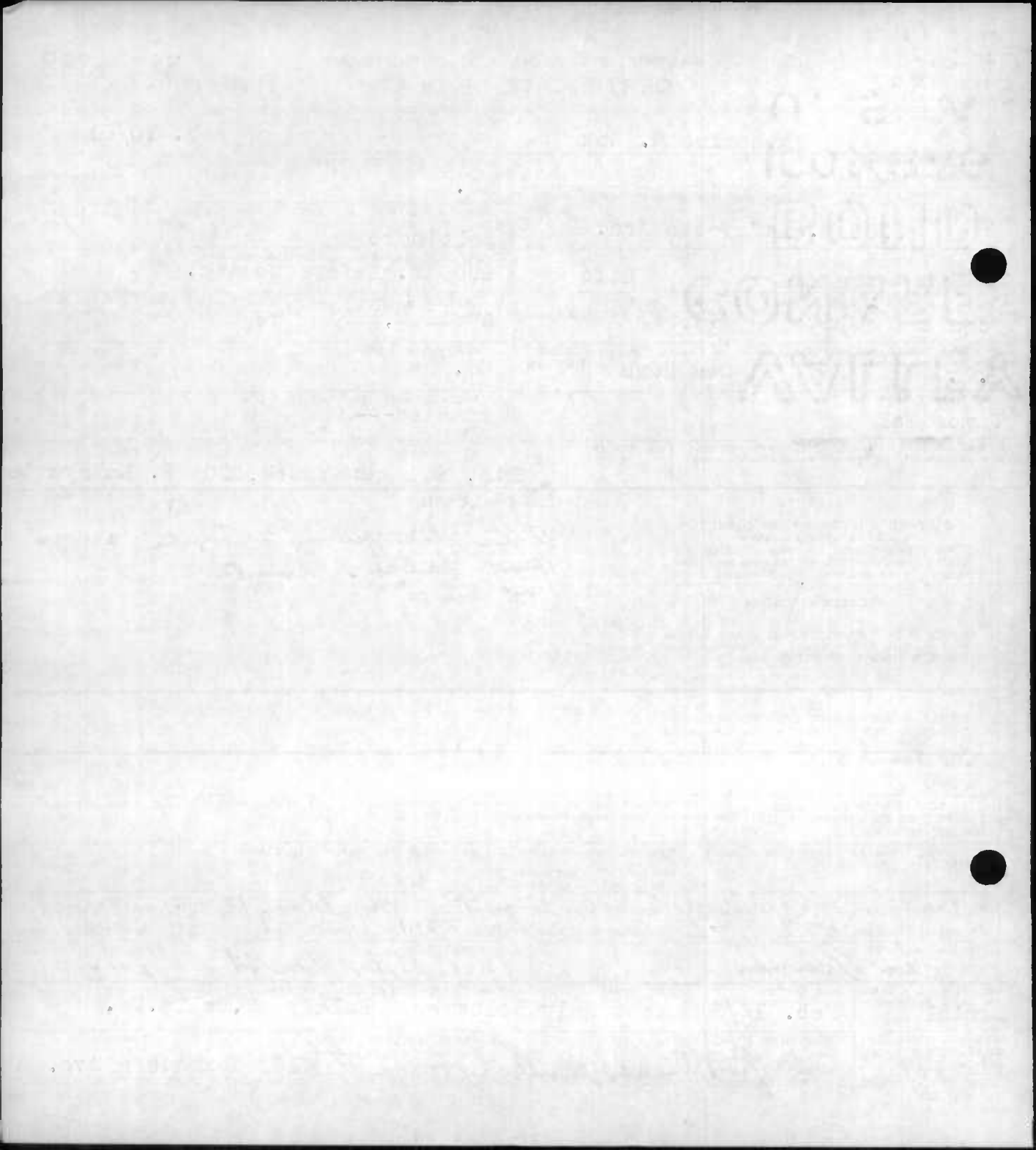
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from August, 1946, to February 10, 1951, that I last saw the deceased alive on 2-9, 1951, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE Leon Ashman	23B. ADDRESS M. D. 1201 Baylar Home St	23C. DATE SIGNED 2-12-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 13/51	24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer	24D. LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1951	REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.	25. FUNERAL DIRECTOR Harry A. Witzke	ADDRESS 4101 Edmondson Ave.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1324

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard Couch

2. DATE
OF
DEATH

2-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pleasant Valley

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 6, 1874

9. AGE (In years last birthday)

76

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer Laborer employee

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Archibald Couch

14. MOTHER'S MAIDEN NAME

Mary Meade

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Giles W. Couch, Baltimore, Md.

18. *422.1 and E903.0*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular

DUE TO

ANTECEDENT CAUSES

(B)

Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Inter-trochanteric fracture Rt. Femur

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH:

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Farm

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Pleasant Valley, Carroll Co., Md. 5600

21D. TIME (Month) (Day) (Year) (Hour)
Dec. 29, 1950 abt. 5 P. M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Carrying wood and slipped on ice & Slipped on Sidewalk fell

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Voroboff

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Alexia Park

24D. LOCATION (City, town, or county) (State)

Carroll Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

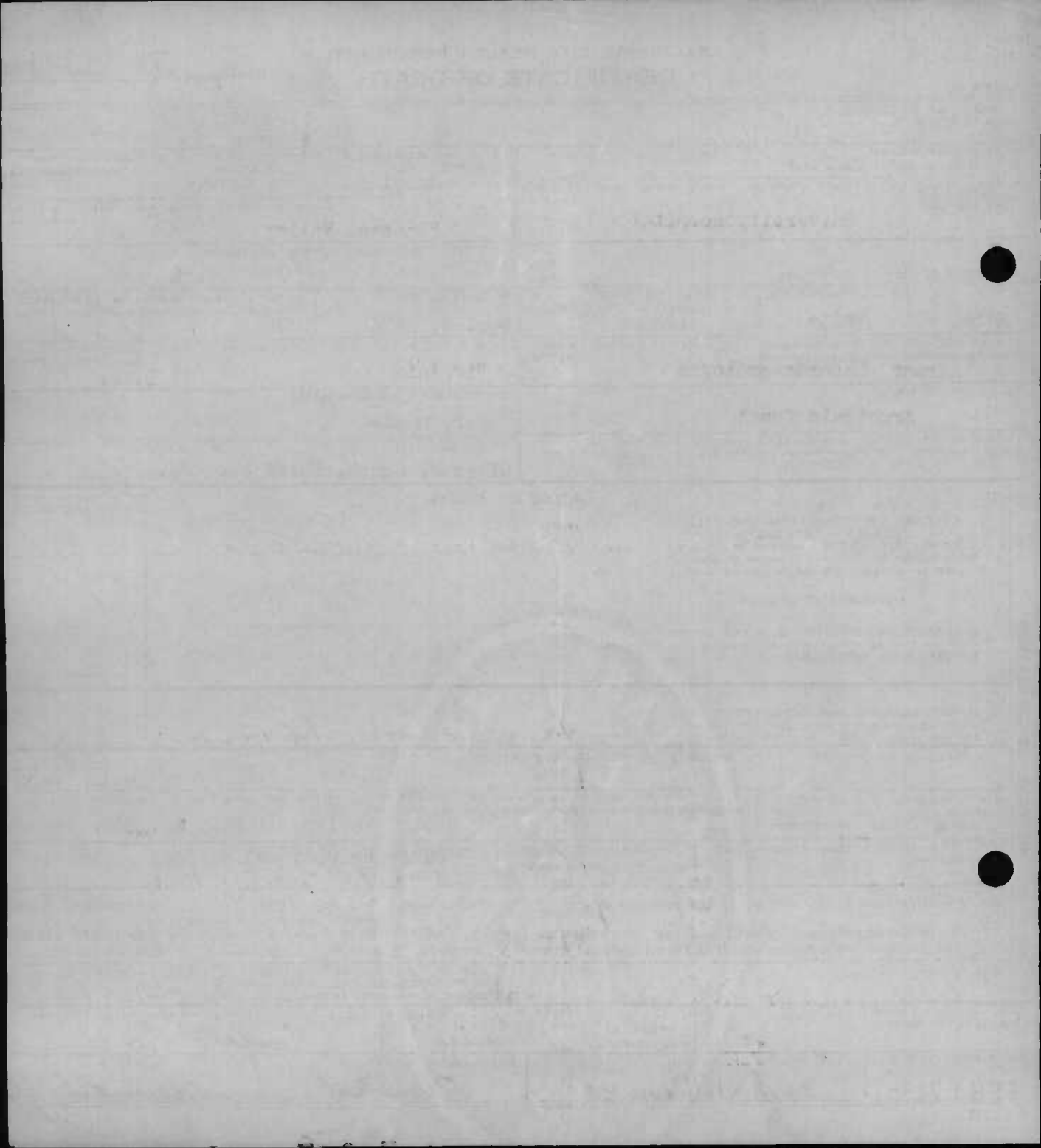
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

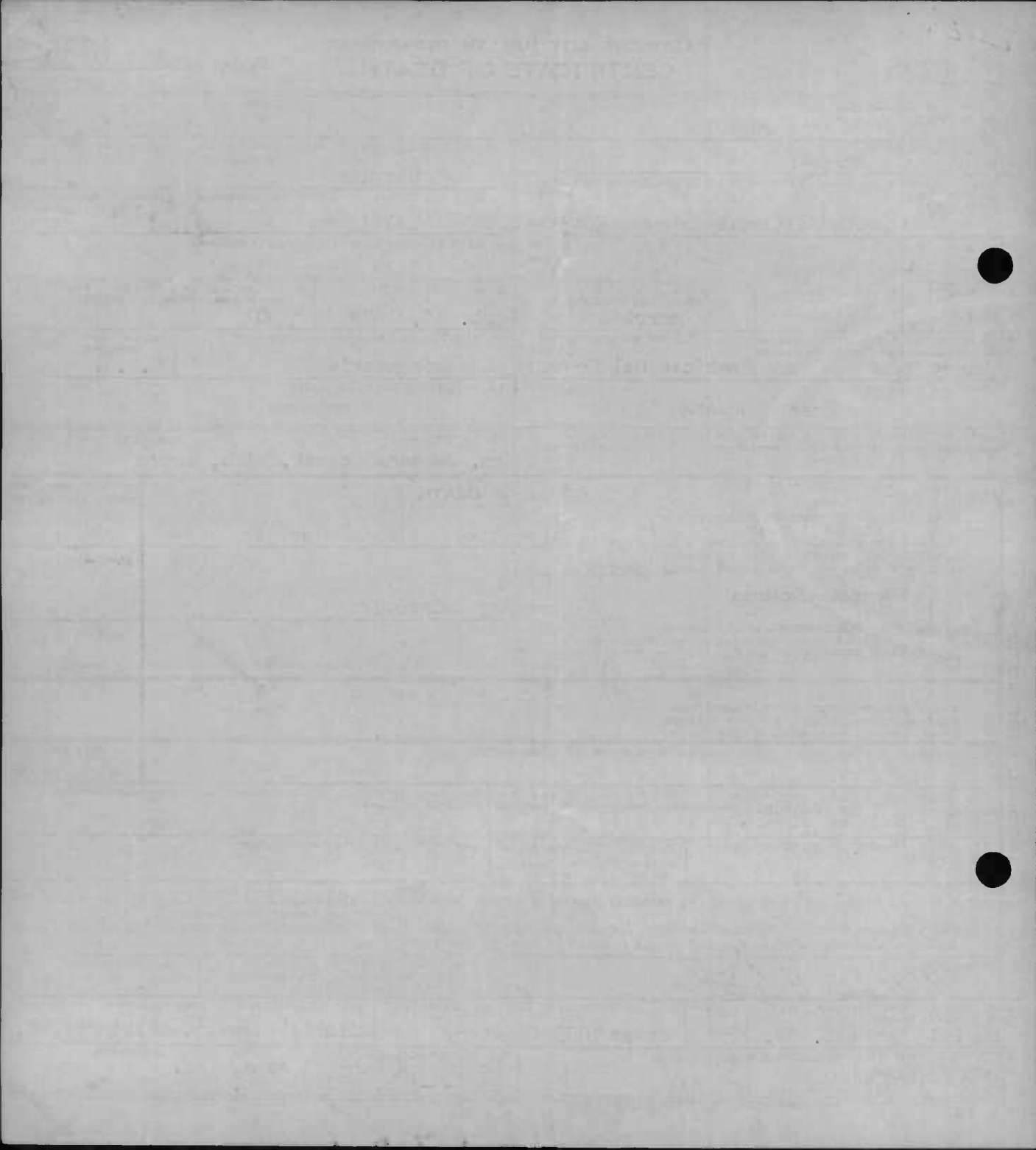
Registered No. **51 1325**

1. NAME OF DECEASED (Type or Print) JOSEPH OCASEK		2. DATE OF DEATH February 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 1417 Cherry Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 18, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man		10B. KIND OF BUSINESS OR INDUSTRY American Oil Company	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Ocasek		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Johanna Ocasek, wife, above		ADDRESS	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Woods</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 10, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 13, 1951		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	
24D. LOCATION (City, town, or county) (State) Ritchie Highway, Baltimore, Md.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1951		REGISTRAR'S SIGNATURE <i>William Woods</i>		ADDRESS	

V S 151 6906K 94a

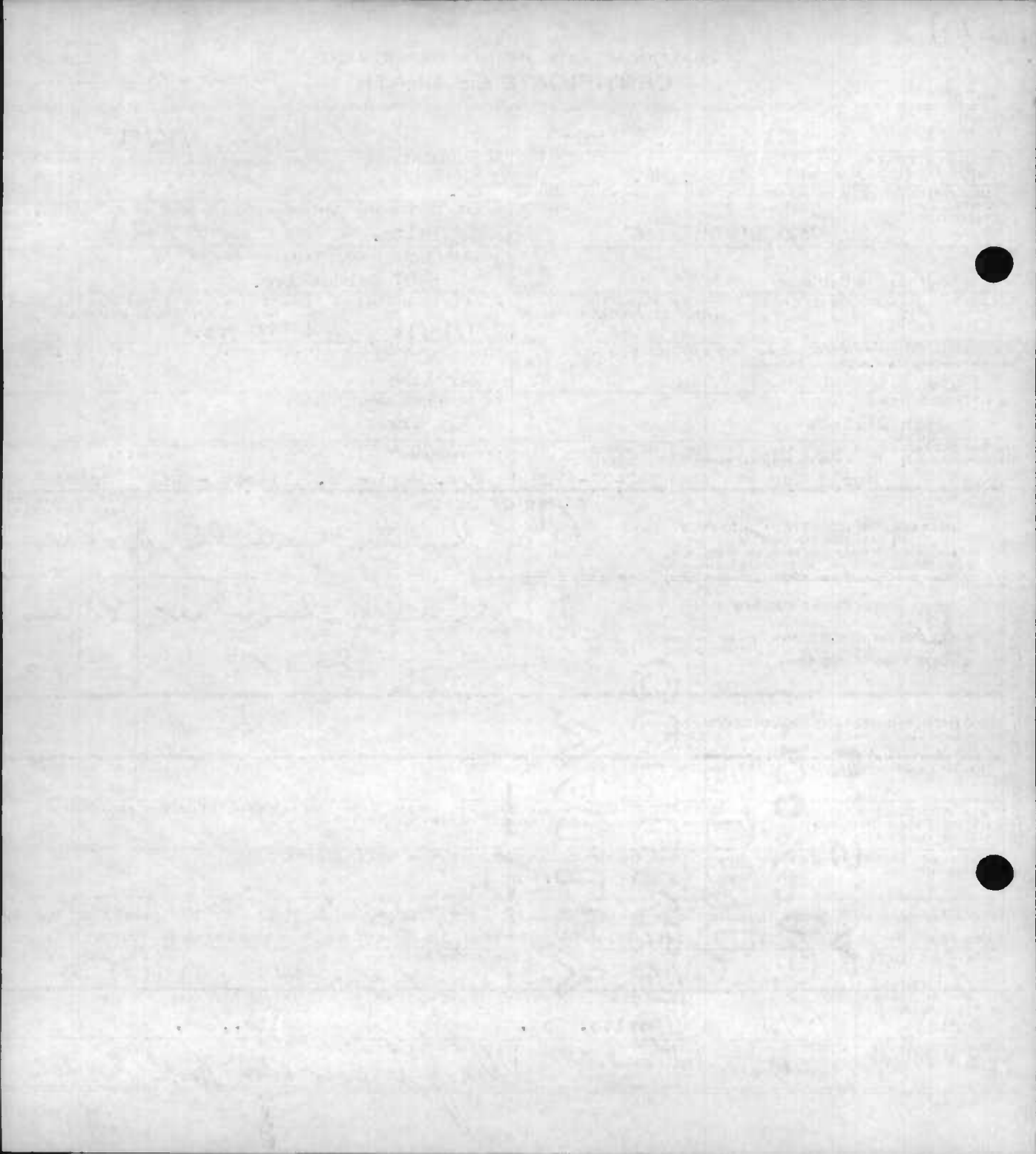


**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1326

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Ellsworth L. Elliott		2/10/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 27-38	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5407 Purdue Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/15/11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Route Salesman		10B. KIND OF BUSINESS OR INDUSTRY Milk (R)	9. AGE (In years last birthday) 40 yrs.
13. FATHER'S NAME Joseph Elliott		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes World War #1		12. CITIZEN OF WHAT COUNTRY? Maryland	
16. SOCIAL SECURITY NO. 212-07-4702		14. MOTHER'S MAIDEN NAME Mary Tress	
17. INFORMANT Mrs. Marion M. Elliott		ADDRESS 5407 Purdue Ave	
18. 5400 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Peritonitis, generalized DUE TO (B) Ruptured gastric ulcer DUE TO (C) Gastric ulcer INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 48 hrs. 2-3 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7 Feb, 1951 to 10 Feb, 1951, that I last saw the deceased alive on 10 Feb, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.			
23A. SIGNATURE Harry J. Conolly		23B. ADDRESS 13 E. Eager St. M. O.	
23C. DATE SIGNED 10 Feb			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/14/51	
24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
25. FUNERAL DIRECTOR Wm. J. Teckner & Son - North St. Ave		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1327
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Stanislaus Joseph Plewacki (Or) Witter

2. DATE OF DEATH
Feb, 10-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland 922 S. Kenwood Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY _____

5. FULL NAME OF HOSPITAL OR INSTITUTION
At Home

6. CITY OR TOWN (If outside corporate limits, write full name, and give township)
Baltimore 24

7. STREET ADDRESS (If rural, give location)
922 South Kenwood Ave

8. Length of stay in Baltimore /?

9. SEX Male

10. COLOR OR RACE White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

12. DATE OF BIRTH
April 4-1876

13. AGE (In years, last birthday)
74

14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Guard

16. KIND OF BUSINESS OR INDUSTRY
Hynson Westcott &

17. BIRTHPLACE (State or foreign country)
Germany

18. CITIZEN OF WHAT COUNTRY?
Germany

19. FATHER'S NAME
Michael Plewacki

20. MOTHER'S MAIDEN NAME
Frances ??

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

22. SOCIAL SECURITY NO.
218-61-9510

23. INFORMANT
Mrs. Veronica K. Plewacki

24. ADDRESS
922 S. Kenwood Ave.

MEDICAL CERTIFICATION

15. CAUSE OF DEATH

16. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Atherosclerosis of C.V. System

17. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Chronic Myocarditis

18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Myocardial Failure

19. INTERVAL BETWEEN ONSET AND DEATH
Jan 12/50

20. DATE OF OPERATION
None

21. MAJOR FINDINGS OF OPERATION
None

22. AUTOPSY?
YES ☒ NO ☐

23. DATE OF OPERATION
None

24. MAJOR FINDINGS OF OPERATION
None

25. AUTOPSY?
YES ☒ NO ☐

26. ACCIDENT, SUICIDE, HOMICIDE (Specify)
None

27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
None

28. WHERE DID INJURY OCCUR?
None

29. TIME (Month) (Day) (Year) (Hour) OF INJURY
None

30. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

31. HOW DID INJURY OCCUR?
None

22. I hereby certify that I attended the deceased from 1-12-1950, to 2-10-1951, that I last saw the deceased alive on 2-9-1951, and that death occurred at 9:55 A. m., from the causes and on the date stated above.

23A. SIGNATURE
Emmanuel Schinckel M. D.

23B. ADDRESS
8428 E. East Ave

23C. DATE SIGNED
2-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
2/13/51

24C. NAME OF CEMETERY OR CREMATORY
ST. STANISLAUS

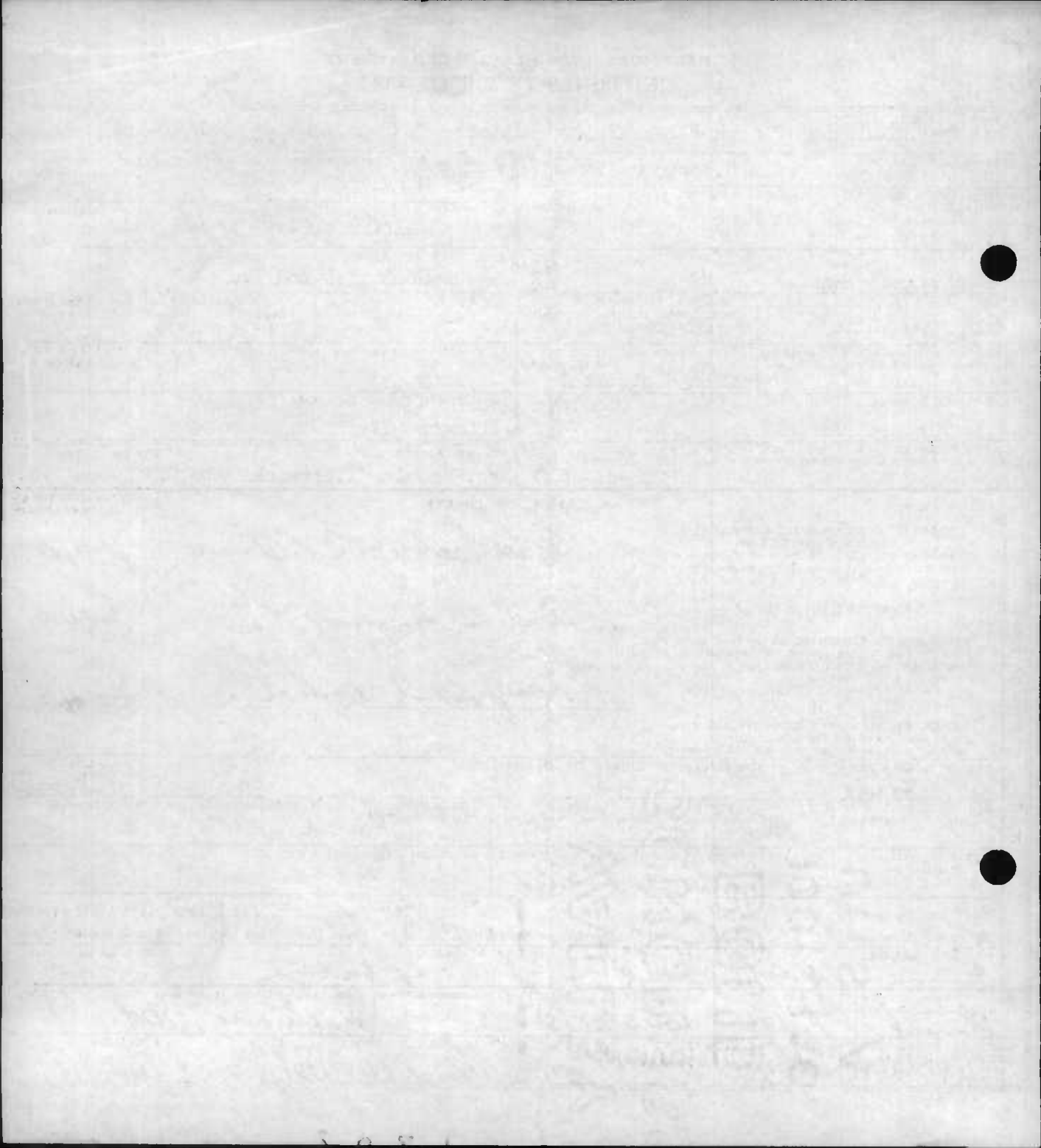
24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
FEB 12 1951

REGISTRAR'S SIGNATURE
George A. Weber

25. FUNERAL DIRECTOR
George A. Weber

ADDRESS
705 S. Ann St



652
1328BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1328

1. NAME OF DECEASED (Type or Print) <i>William B. Carnes (CARNS)</i>			2. DATE OF DEATH <i>2-10-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 5-02</i>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1000 Block Hillen St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>4/10/1862</i>	9. AGE (In years last birthday) <i>88</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Lather</i>			11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Building</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Alexander Carnes</i>			14. MOTHER'S MAIDEN NAME <i>Emma Fisher</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Emma Fisher</i>			5506 ADDRESS <i>Bellville Ave</i>		

18. *4221* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic Cardiovascular*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

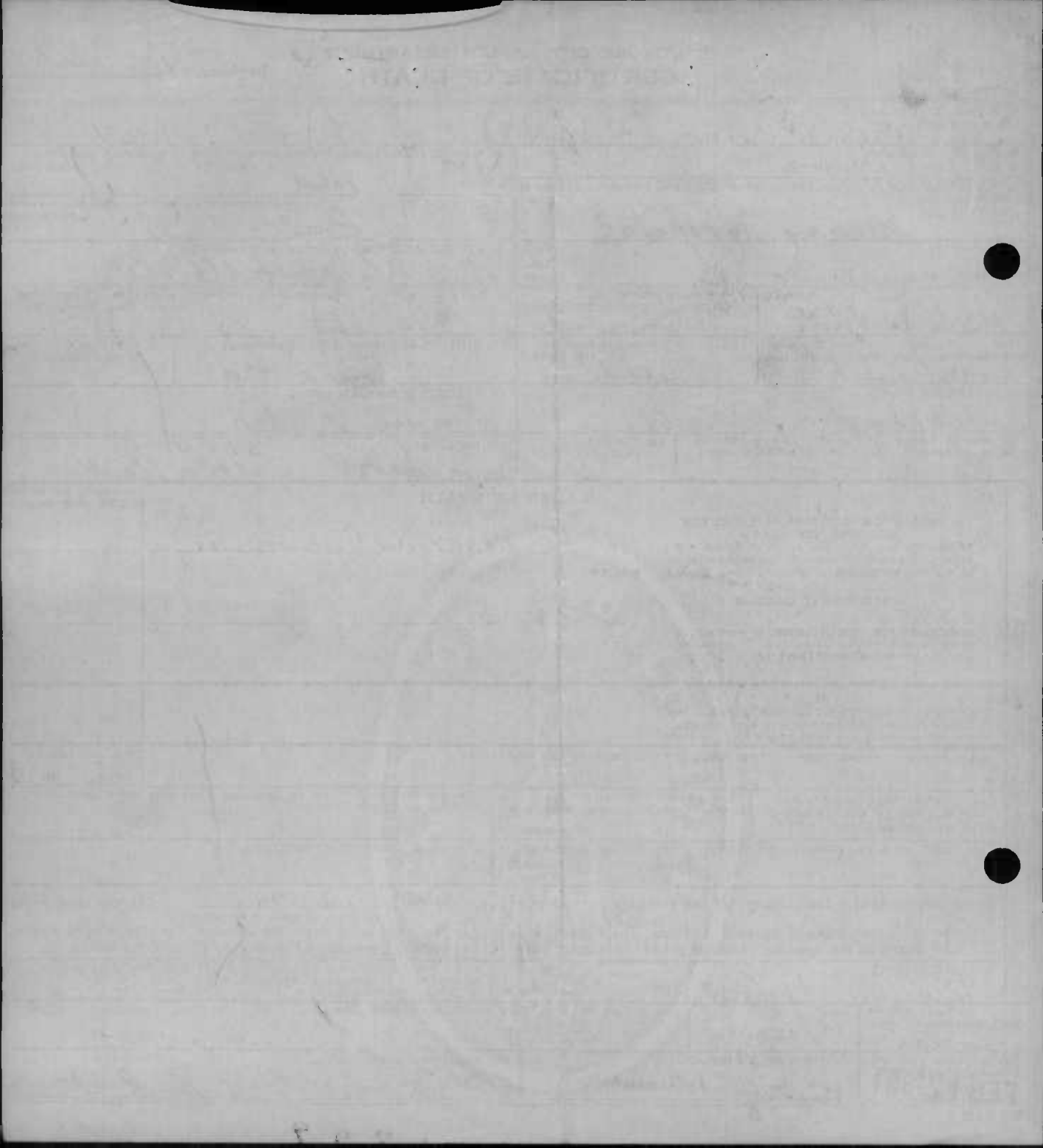
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William Upchurch* 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED *2-11-51*24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *2/12/51* 24C. NAME OF CEMETERY OR CREMATORY *Balto* 24D. LOCATION (City, town, or county) (State) *Balto Md.*DATE RECEIVED BY LOCAL REGISTRAR *FEB 12 1951* REGISTRAR'S SIGNATURE *Thurston Williams, M.D.* 25. FUNERAL DIRECTOR *Wm Cook Inc.* ADDRESS *1217 St. Paul St.*



300
51 1329BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1329
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTIN J. WHITE			2. DATE OF DEATH FEB. 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY ? A.A.		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WALK 5200		
Length of stay in Baltimore 67 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) PARK ROAD & RIVERA		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 19, 1883	9. AGE (in years last birthday) 67	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR			10B. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME JOSEPH WHITE (D)			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. June White (wife)			ADDRESS Same.		

18. 4701 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial Infarctions DUE TO (B) CORONARY Sclerosis Sclerosis DUE TO (C) Generalized Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb- 10, 1951**, to **Feb- 11, 1951**, that I last saw the deceased alive on **Feb- 11, 1951** and that death occurred at **6:55 AM.**, from the causes and on the date stated above.

23A. SIGNATURE **Francis Russell Watt** M. D. 23B. ADDRESS **Union Memorial Hosp.** 23C. DATE SIGNED **2-11-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 2-14-51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore
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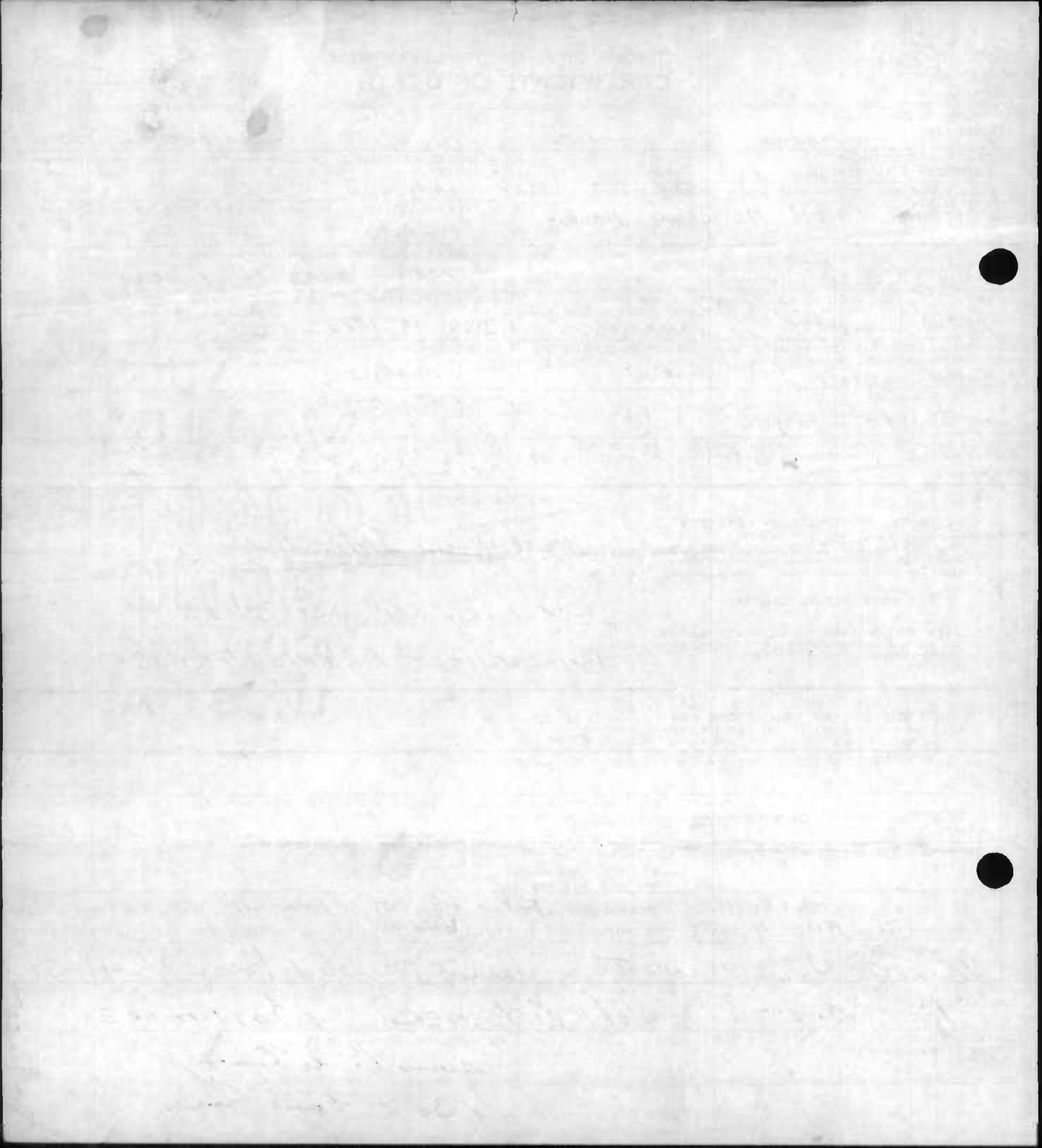
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1951	REGISTRAR'S SIGNATURE Walter J. Williams, M.D.	25. FUNERAL DIRECTOR James L. McCarry	ADDRESS 130 S. Fort Ave.
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94a

MEDICAL CERTIFICATION



636
51 1330BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1330

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude W. Frederick

2. DATE
OF
DEATH

2-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 110 WARREN AVE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore 22-01

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

110 WARREN AVE.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

7-7-1878

9. AGE (In years last birthday)

72

If Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Home.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. P. Sauechoff

14. MOTHER'S MAIDEN NAME

Catherine Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

This is - Same

18. 760X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Myocardial Degeneration

2 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerosis

2 yr.

DUE TO

(C)

Diabetes Mellitus

4 yr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from 1-5, 1951, to 2-10, 1951 that I last saw the deceased alive on 2-10, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

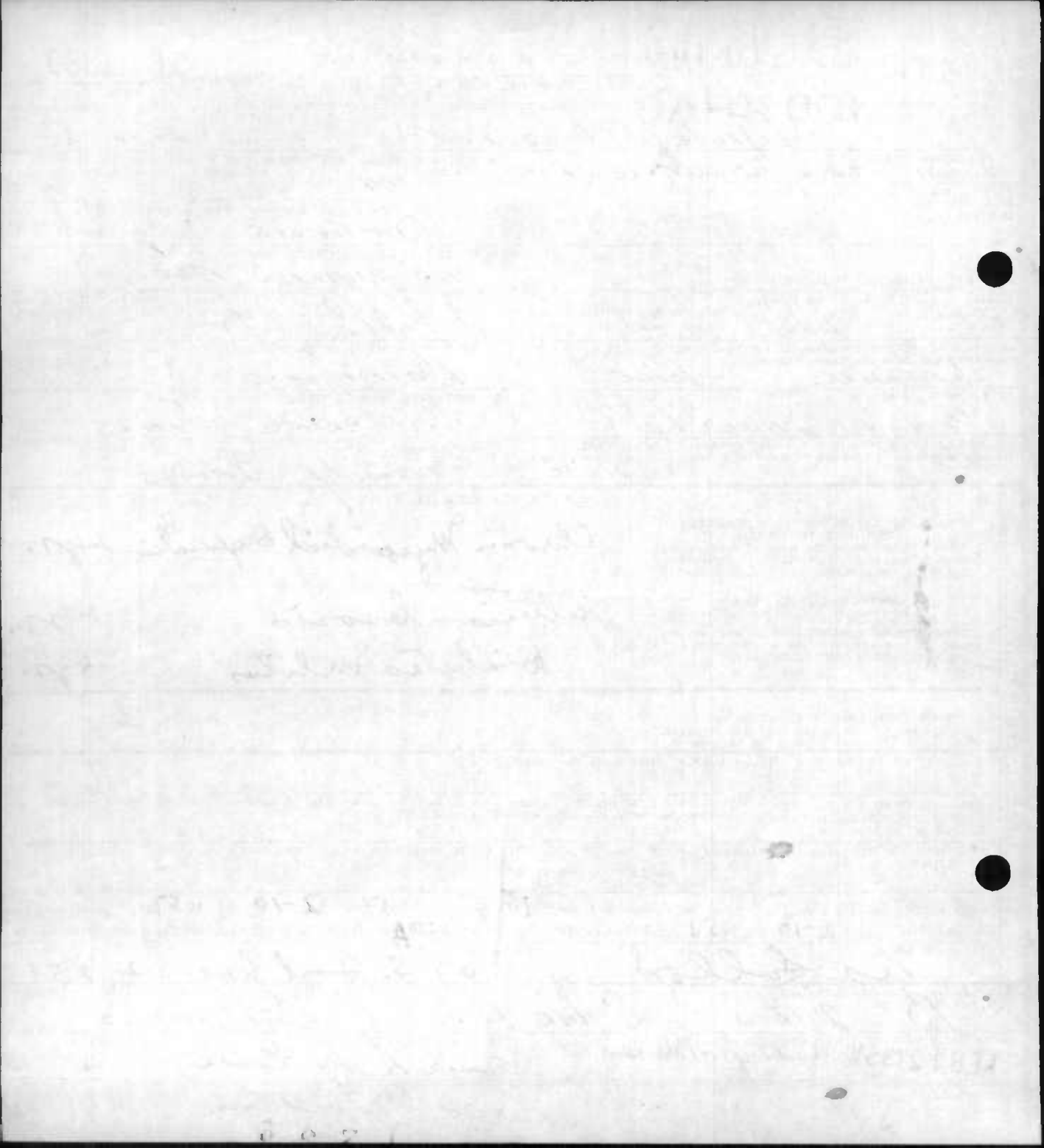
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1331

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HESTER DAVIS		2. DATE OF DEATH February 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01	
D. STREET ADDRESS (If rural, give location) 1032 Leadenhall Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 67 8 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Ind		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME James Davis		14. MOTHER'S MAIDEN NAME Emma Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Annie Miller		ADDRESS 1032 Leadenhall	

MEDICAL CERTIFICATION

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO _____ (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ DUE TO _____ (D) _____ DUE TO _____ (E) _____ DUE TO _____ (F) _____ DUE TO _____ (G) _____ DUE TO _____ (H) _____ DUE TO _____ (I) _____ DUE TO _____ (J) _____ DUE TO _____ (K) _____ DUE TO _____ (L) _____ DUE TO _____ (M) _____ DUE TO _____ (N) _____ DUE TO _____ (O) _____ DUE TO _____ (P) _____ DUE TO _____ (Q) _____ DUE TO _____ (R) _____ DUE TO _____ (S) _____ DUE TO _____ (T) _____ DUE TO _____ (U) _____ DUE TO _____ (V) _____ DUE TO _____ (W) _____ DUE TO _____ (X) _____ DUE TO _____ (Y) _____ DUE TO _____ (Z) _____ DUE TO _____ (AA) _____ DUE TO _____ (AB) _____ DUE TO _____ (AC) _____ DUE TO _____ (AD) _____ DUE TO _____ (AE) _____ DUE TO _____ (AF) _____ DUE TO _____ (AG) _____ DUE TO _____ (AH) _____ DUE TO _____ (AI) _____ DUE TO _____ (AJ) _____ DUE TO _____ (AK) _____ DUE TO _____ (AL) _____ DUE TO _____ (AM) _____ DUE TO _____ (AN) _____ DUE TO _____ (AO) _____ DUE TO _____ (AP) _____ DUE TO _____ (AQ) _____ DUE TO _____ (AR) _____ DUE TO _____ (AS) _____ DUE TO _____ (AT) _____ DUE TO _____ (AU) _____ DUE TO _____ (AV) _____ DUE TO _____ (AW) _____ DUE TO _____ (AX) _____ DUE TO _____ (AY) _____ DUE TO _____ (AZ) _____ DUE TO _____ (BA) _____ DUE TO _____ (BB) _____ DUE TO _____ (BC) _____ DUE TO _____ (BD) _____ DUE TO _____ (BE) _____ DUE TO _____ (BF) _____ DUE TO _____ (BG) _____ DUE TO _____ (BH) _____ DUE TO _____ (BI) _____ DUE TO _____ (BJ) _____ DUE TO _____ (BK) _____ DUE TO _____ (BL) _____ DUE TO _____ (BM) _____ DUE TO _____ (BN) _____ DUE TO _____ (BO) _____ DUE TO _____ (BP) _____ DUE TO _____ (BQ) _____ DUE TO _____ (BR) _____ DUE TO _____ (BS) _____ DUE TO _____ (BT) _____ DUE TO _____ (BU) _____ DUE TO _____ (BV) _____ DUE TO _____ (BW) _____ DUE TO _____ (BX) _____ DUE TO _____ (BY) _____ DUE TO _____ (BZ) _____ DUE TO _____ (CA) _____ DUE TO _____ (CB) _____ DUE TO _____ (CC) _____ DUE TO _____ (CD) _____ DUE TO _____ (CE) _____ DUE TO _____ (CF) _____ DUE TO _____ (CG) _____ DUE TO _____ (CH) _____ DUE TO _____ (CI) _____ DUE TO _____ (CJ) _____ DUE TO _____ (CK) _____ DUE TO _____ (CL) _____ DUE TO _____ (CM) _____ DUE TO _____ (CN) _____ DUE TO _____ (CO) _____ DUE TO _____ (CP) _____ DUE TO _____ (CQ) _____ DUE TO _____ (CR) _____ DUE TO _____ (CS) _____ DUE TO _____ (CT) _____ DUE TO _____ (CU) _____ DUE TO _____ (CV) _____ DUE TO _____ (CW) _____ DUE TO _____ (CX) _____ DUE TO _____ (CY) _____ DUE TO _____ (CZ) _____ DUE TO _____ (DA) _____ DUE TO _____ (DB) _____ DUE TO _____ (DC) _____ DUE TO _____ (DD) _____ DUE TO _____ (DE) _____ DUE TO _____ (DF) _____ DUE TO _____ (DG) _____ DUE TO _____ (DH) _____ DUE TO _____ (DI) _____ DUE TO _____ (DJ) _____ DUE TO _____ (DK) _____ DUE TO _____ (DL) _____ DUE TO _____ (DM) _____ DUE TO _____ (DN) _____ DUE TO _____ (DO) _____ DUE TO _____ (DP) _____ DUE TO _____ (DQ) _____ DUE TO _____ (DR) _____ DUE TO _____ (DS) _____ DUE TO _____ (DT) _____ DUE TO _____ (DU) _____ DUE TO _____ (DV) _____ DUE TO _____ (DW) _____ DUE TO _____ (DX) _____ DUE TO _____ (DY) _____ DUE TO _____ (DZ) _____ DUE TO _____ (EA) _____ DUE TO _____ (EB) _____ DUE TO _____ (EC) _____ DUE TO _____ (ED) _____ DUE TO _____ (EE) _____ DUE TO _____ (EF) _____ DUE TO _____ (EG) _____ DUE TO _____ (EH) _____ DUE TO _____ (EI) _____ DUE TO _____ (EJ) _____ DUE TO _____ (EK) _____ DUE TO _____ (EL) _____ DUE TO _____ (EM) _____ DUE TO _____ (EN) _____ DUE TO _____ (EO) _____ DUE TO _____ (EP) _____ DUE TO _____ (EQ) _____ DUE TO _____ (ER) _____ DUE TO _____ (ES) _____ DUE TO _____ (ET) _____ DUE TO _____ (EU) _____ DUE TO _____ (EV) _____ DUE TO _____ (EW) _____ DUE TO _____ (EX) _____ DUE TO _____ (EY) _____ DUE TO _____ (EZ) _____ DUE TO _____ (FA) _____ DUE TO _____ (FB) _____ DUE TO _____ (FC) _____ DUE TO _____ (FD) _____ DUE TO _____ (FE) _____ DUE TO _____ (FF) _____ DUE TO _____ (FG) _____ DUE TO _____ (FH) _____ DUE TO _____ (FI) _____ DUE TO _____ (FJ) _____ DUE TO _____ (FK) _____ DUE TO _____ (FL) _____ DUE TO _____ (FM) _____ DUE TO _____ (FN) _____ DUE TO _____ (FO) _____ DUE TO _____ (FP) _____ DUE TO _____ (FQ) _____ DUE TO _____ (FR) _____ DUE TO _____ (FS) _____ DUE TO _____ (FT) _____ DUE TO _____ (FU) _____ DUE TO _____ (FV) _____ DUE TO _____ (FW) _____ DUE TO _____ (FX) _____ DUE TO _____ (FY) _____ DUE TO _____ (FZ) _____ DUE TO _____ (GA) _____ DUE TO _____ (GB) _____ DUE TO _____ (GC) _____ DUE TO _____ (GD) _____ DUE TO _____ (GE) _____ DUE TO _____ (GF) _____ DUE TO _____ (GG) _____ DUE TO _____ (GH) _____ DUE TO _____ (GI) _____ DUE TO _____ (GJ) _____ DUE TO _____ (GK) _____ DUE TO _____ (GL) _____ DUE TO _____ (GM) _____ DUE TO _____ (GN) _____ DUE TO _____ (GO) _____ DUE TO _____ (GP) _____ DUE TO _____ (GQ) _____ DUE TO _____ (GR) _____ DUE TO _____ (GS) _____ DUE TO _____ (GT) _____ DUE TO _____ (GU) _____ DUE TO _____ (GV) _____ DUE TO _____ (GW) _____ DUE TO _____ (GX) _____ DUE TO _____ (GY) _____ DUE TO _____ (GZ) _____ DUE TO _____ (HA) _____ DUE TO _____ (HB) _____ DUE TO _____ (HC) _____ DUE TO _____ (HD) _____ DUE TO _____ (HE) _____ DUE TO _____ (HF) _____ DUE TO _____ (HG) _____ DUE TO _____ (HH) _____ DUE TO _____ (HI) _____ DUE TO _____ (HJ) _____ DUE TO _____ (HK) _____ DUE TO _____ (HL) _____ DUE TO _____ (HM) _____ DUE TO _____ (HN) _____ DUE TO _____ (HO) _____ DUE TO _____ (HP) _____ DUE TO _____ (HQ) _____ DUE TO _____ (HR) _____ DUE TO _____ (HS) _____ DUE TO _____ (HT) _____ DUE TO _____ (HU) _____ DUE TO _____ (HV) _____ DUE TO _____ (HW) _____ DUE TO _____ (HX) _____ DUE TO _____ (HY) _____ DUE TO _____ (HZ) _____ DUE TO _____ (IA) _____ DUE TO _____ (IB) _____ DUE TO _____ (IC) _____ DUE TO _____ (ID) _____ DUE TO _____ (IE) _____ DUE TO _____ (IF) _____ DUE TO _____ (IG) _____ DUE TO _____ (IH) _____ DUE TO _____ (IJ) _____ DUE TO _____ (IK) _____ DUE TO _____ (IL) _____ DUE TO _____ (IM) _____ DUE TO _____ (IN) _____ DUE TO _____ (IO) _____ DUE TO _____ (IP) _____ DUE TO _____ (IQ) _____ DUE TO _____ (IR) _____ DUE TO _____ (IS) _____ DUE TO _____ (IT) _____ DUE TO _____ (IU) _____ DUE TO _____ (IV) _____ DUE TO _____ (IW) _____ DUE TO _____ (IX) _____ DUE TO _____ (IY) _____ DUE TO _____ (IZ) _____ DUE TO _____ (JA) _____ DUE TO _____ (JB) _____ DUE TO _____ (JC) _____ DUE TO _____ (JD) _____ DUE TO _____ (JE) _____ DUE TO _____ (JF) _____ DUE TO _____ (JG) _____ DUE TO _____ (JH) _____ DUE TO _____ (JI) _____ DUE TO _____ (JJ) _____ DUE TO _____ (JK) _____ DUE TO _____ (JL) _____ DUE TO _____ (JM) _____ DUE TO _____ (JN) _____ DUE TO _____ (JO) _____ DUE TO _____ (JP) _____ DUE TO _____ (JQ) _____ DUE TO _____ (JR) _____ DUE TO _____ (JS) _____ DUE TO _____ (JT) _____ DUE TO _____ (JU) _____ DUE TO _____ (JV) _____ DUE TO _____ (JW) _____ DUE TO _____ (JX) _____ DUE TO _____ (JY) _____ DUE TO _____ (JZ) _____ DUE TO _____ (KA) _____ DUE TO _____ (KB) _____ DUE TO _____ (KC) _____ DUE TO _____ (KD) _____ DUE TO _____ (KE) _____ DUE TO _____ (KF) _____ DUE TO _____ (KG) _____ DUE TO _____ (KH) _____ DUE TO _____ (KI) _____ DUE TO _____ (KJ) _____ DUE TO _____ (KK) _____ DUE TO _____ (KL) _____ DUE TO _____ (KM) _____ DUE TO _____ (KN) _____ DUE TO _____ (KO) _____ DUE TO _____ (KP) _____ DUE TO _____ (KQ) _____ DUE TO _____ (KR) _____ DUE TO _____ (KS) _____ DUE TO _____ (KT) _____ DUE TO _____ (KU) _____ DUE TO _____ (KV) _____ DUE TO _____ (KW) _____ DUE TO _____ (KX) _____ DUE TO _____ (KY) _____ DUE TO _____ (KZ) _____ DUE TO _____ (LA) _____ DUE TO _____ (LB) _____ DUE TO _____ (LC) _____ DUE TO _____ (LD) _____ DUE TO _____ (LE) _____ DUE TO _____ (LF) _____ DUE TO _____ (LG) _____ DUE TO _____ (LH) _____ DUE TO _____ (LI) _____ DUE TO _____ (LJ) _____ DUE TO _____ (LK) _____ DUE TO _____ (LL) _____ DUE TO _____ (LM) _____ DUE TO _____ (LN) _____ DUE TO _____ (LO) _____ DUE TO _____ (LP) _____ DUE TO _____ (LQ) _____ DUE TO _____ (LR) _____ DUE TO _____ (LS) _____ DUE TO _____ (LT) _____ DUE TO _____ (LU) _____ DUE TO _____ (LV) _____ DUE TO _____ (LW) _____ DUE TO _____ (LX) _____ DUE TO _____ (LY) _____ DUE TO _____ (LZ) _____ DUE TO _____ (MA) _____ DUE TO _____ (MB) _____ DUE TO _____ (MC) _____ DUE TO _____ (MD) _____ DUE TO _____ (ME) _____ DUE TO _____ (MF) _____ DUE TO _____ (MG) _____ DUE TO _____ (MH) _____ DUE TO _____ (MI) _____ DUE TO _____ (MJ) _____ DUE TO _____ (MK) _____ DUE TO _____ (ML) _____ DUE TO _____ (MN) _____ DUE TO _____ (MO) _____ DUE TO _____ (MP) _____ DUE TO _____ (MQ) _____ DUE TO _____ (MR) _____ DUE TO _____ (MS) _____ DUE TO _____ (MT) _____ DUE TO _____ (MU) _____ DUE TO _____ (MV) _____ DUE TO _____ (MW) _____ DUE TO _____ (MX) _____ DUE TO _____ (MY) _____ DUE TO _____ (MZ) _____ DUE TO _____ (NA) _____ DUE TO _____ (NB) _____ DUE TO _____ (NC) _____ DUE TO _____ (ND) _____ DUE TO _____ (NE) _____ DUE TO _____ (NF) _____ DUE TO _____ (NG) _____ DUE TO _____ (NH) _____ DUE TO _____ (NI) _____ DUE TO _____ (NJ) _____ DUE TO _____ (NK) _____ DUE TO _____ (NL) _____ DUE TO _____ (NM) _____ DUE TO _____ (NN) _____ DUE TO _____ (NO) _____ DUE TO _____ (NP) _____ DUE TO _____ (NQ) _____ DUE TO _____ (NR) _____ DUE TO _____ (NS) _____ DUE TO _____ (NT) _____ DUE TO _____ (NU) _____ DUE TO _____ (NV) _____ DUE TO _____ (NW) _____ DUE TO _____ (NX) _____ DUE TO _____ (NY) _____ DUE TO _____ (NZ) _____ DUE TO _____ (OA) _____ DUE TO _____ (OB) _____ DUE TO _____ (OC) _____ DUE TO _____ (OD) _____ DUE TO _____ (OE) _____ DUE TO _____ (OF) _____ DUE TO _____ (OG) _____ DUE TO _____ (OH) _____ DUE TO _____ (OI) _____ DUE TO _____ (OJ) _____ DUE TO _____ (OK) _____ DUE TO _____ (OL) _____ DUE TO _____ (OM) _____ DUE TO _____ (ON) _____ DUE TO _____ (OO) _____ DUE TO _____ (OP) _____ DUE TO _____ (OQ) _____ DUE TO _____ (OR) _____ DUE TO _____ (OS) _____ DUE TO _____ (OT) _____ DUE TO _____ (OU) _____ DUE TO _____ (OV) _____ DUE TO _____ (OW) _____ DUE TO _____ (OX) _____ DUE TO _____ (OY) _____ DUE TO _____ (OZ) _____ DUE TO _____ (PA) _____ DUE TO _____ (PB) _____ DUE TO _____ (PC) _____ DUE TO _____ (PD) _____ DUE TO _____ (PE) _____ DUE TO _____ (PF) _____ DUE TO _____ (PG) _____ DUE TO _____ (PH) _____ DUE TO _____ (PI) _____ DUE TO _____ (PJ) _____ DUE TO _____ (PK) _____ DUE TO _____ (PL) _____ DUE TO _____ (PM) _____ DUE TO _____ (PN) _____ DUE TO _____ (PO) _____ DUE TO _____ (PP) _____ DUE TO _____ (PQ) _____ DUE TO _____ (PR) _____ DUE TO _____ (PS) _____ DUE TO _____ (PT) _____ DUE TO _____ (PU) _____ DUE TO _____ (PV) _____ DUE TO _____ (PW) _____ DUE TO _____ (PX) _____ DUE TO _____ (PY) _____ DUE TO _____ (PZ) _____ DUE TO _____ (QA) _____ DUE TO _____ (QB) _____ DUE TO _____ (QC) _____ DUE TO _____ (QD) _____ DUE TO _____ (QE) _____ DUE TO _____ (QF) _____ DUE TO _____ (QG) _____ DUE TO _____ (QH) _____ DUE TO _____ (QI) _____ DUE TO _____ (QJ) _____ DUE TO _____ (QK) _____ DUE TO _____ (QL) _____ DUE TO _____ (QM) _____ DUE TO _____ (QN) _____ DUE TO _____ (QO) _____ DUE TO _____ (QP) _____ DUE TO _____ (QQ) _____ DUE TO _____ (QR) _____ DUE TO _____ (QS) _____ DUE TO _____ (QT) _____ DUE TO _____ (QU) _____ DUE TO _____ (QV) _____ DUE TO _____ (QW) _____ DUE TO _____ (QX) _____ DUE TO _____ (QY) _____ DUE TO _____ (QZ) _____ DUE TO _____ (RA) _____ DUE TO _____ (RB) _____ DUE TO _____ (RC) _____ DUE TO _____ (RD) _____ DUE TO _____ (RE) _____ DUE TO _____ (RF) _____ DUE TO _____ (RG) _____ DUE TO _____ (RH) _____ DUE TO _____ (RI) _____ DUE TO _____ (RJ) _____ DUE TO _____ (RK) _____ DUE TO _____ (RL) _____ DUE TO _____ (RM) _____ DUE TO _____ (RN) _____ DUE TO _____ (RO) _____ DUE TO _____ (RP) _____ DUE TO _____ (RQ) _____ DUE TO _____ (RR) _____ DUE TO _____ (RS) _____ DUE TO _____ (RT) _____ DUE TO _____ (RU) _____ DUE TO _____ (RV) _____ DUE TO _____ (RW) _____ DUE TO _____ (RX) _____ DUE TO _____ (RY) _____ DUE TO _____ (RZ) _____ DUE TO _____ (SA) _____ DUE TO _____ (SB) _____ DUE TO _____ (SC) _____ DUE TO _____ (SD) _____ DUE TO _____ (SE) _____ DUE TO _____ (SF) _____ DUE TO _____ (SG) _____ DUE TO _____ (SH) _____ DUE TO _____ (SI) _____ DUE TO _____ (SJ) _____ DUE TO _____ (SK) _____ DUE TO _____ (SL) _____ DUE TO _____ (SM) _____ DUE TO _____ (SN) _____ DUE TO _____ (SO) _____ DUE TO _____ (SP) _____ DUE TO _____ (SQ) _____ DUE TO _____ (SR) _____ DUE TO _____ (SS) _____ DUE TO _____ (ST) _____ DUE TO _____ (SU) _____ DUE TO _____ (SV) _____ DUE TO _____ (SW) _____ DUE TO _____ (SX) _____ DUE TO _____ (SY) _____ DUE TO _____ (SZ) _____ DUE TO _____ (TA) _____ DUE TO _____ (TB) _____ DUE TO _____ (TC) _____ DUE TO _____ (TD) _____ DUE TO _____ (TE) _____ DUE TO _____ (TF) _____ DUE TO _____ (TG) _____ DUE TO _____ (TH) _____ DUE TO _____ (TI) _____ DUE TO _____ (TJ) _____ DUE TO _____ (TK) _____ DUE TO _____ (TL) _____ DUE TO _____ (TM) _____ DUE TO _____ (TN) _____ DUE TO _____ (TO) _____ DUE TO _____ (TP) _____ DUE TO _____ (TQ) _____ DUE TO _____ (TR) _____ DUE TO _____ (TS) _____ DUE TO _____ (TT) _____ DUE TO _____ (TU) _____ DUE TO _____ (TV) _____ DUE TO _____ (TW) _____ DUE TO _____ (TX) _____ DUE TO _____ (TY) _____ DUE TO _____ (TZ) _____ DUE TO _____ (UA) _____ DUE TO _____ (UB) _____ DUE TO _____ (UC) _____ DUE TO _____ (UD) _____ DUE TO _____ (UE) _____ DUE TO _____ (UF) _____ DUE TO _____ (UG) _____ DUE TO _____ (UH) _____ DUE TO _____ (UI) _____ DUE TO _____ (UJ) _____ DUE TO _____ (UK) _____ DUE TO _____ (UL) _____ DUE TO _____ (UM) _____ DUE TO _____ (UN) _____ DUE TO _____ (UO) _____ DUE TO _____ (UP) _____ DUE TO _____ (UQ) _____ DUE TO _____ (UR) _____ DUE TO _____ (US) _____ DUE TO _____ (UT) _____ DUE TO _____ (UU) _____ DUE TO _____ (UV) _____ DUE TO _____ (UW) _____ DUE TO _____ (UX) _____ DUE TO _____ (UY) _____ DUE TO _____ (UZ) _____ DUE TO _____ (VA) _____ DUE TO _____ (VB) _____ DUE TO _____ (VC) _____ DUE TO _____ (VD) _____ DUE TO _____ (VE) _____ DUE TO _____ (VF) _____ DUE TO _____ (VG) _____ DUE TO _____ (VH) _____ DUE TO _____ (VI) _____ DUE TO _____ (VJ) _____ DUE TO _____ (VK) _____ DUE TO _____ (VL) _____ DUE TO _____ (VM) _____ DUE TO _____ (VN) _____ DUE TO _____ (VO) _____ DUE TO _____ (VP) _____ DUE TO _____ (VQ) _____ DUE TO _____ (VR) _____ DUE TO _____ (VS) _____ DUE TO _____ (VT) _____ DUE TO _____ (VU) _____ DUE TO _____ (VV) _____ DUE TO _____ (VW) _____ DUE TO _____ (VX) _____ DUE TO _____ (VY) _____ DUE TO _____ (VZ) _____ DUE TO _____ (WA) _____ DUE TO _____ (WB) _____ DUE TO _____ (WC) _____ DUE TO _____ (WD) _____ DUE TO _____ (WE) _____ DUE TO _____ (WF) _____ DUE TO _____ (WG) _____ DUE TO _____ (WH) _____ DUE TO _____ (WI) _____ DUE TO _____ (WJ) _____ DUE TO _____ (WK) _____ DUE TO _____ (WL) _____ DUE TO _____ (WM) _____ DUE TO _____ (WN) _____ DUE TO _____ (WO) _____ DUE TO _____ (WP) _____ DUE TO _____ (WQ) _____ DUE TO _____ (WR) _____ DUE TO _____ (WS) _____ DUE TO _____ (WT) _____ DUE TO _____ (WU) _____ DUE TO _____ (WV) _____ DUE TO _____ (WW) _____ DUE TO _____ (WX) _____ DUE TO _____ (WY) _____ DUE TO _____ (WZ) _____ DUE TO _____ (XA) _____ DUE TO _____ (XB) _____ DUE TO _____ (XC) _____ DUE TO _____ (XD) _____ DUE TO _____ (XE) _____ DUE TO _____ (XF) _____ DUE TO _____ (XG) _____ DUE TO _____ (XH) _____ DUE TO _____ (XI) _____ DUE TO _____ (XJ) _____ DUE TO _____ (XK) _____ DUE TO _____ (XL) _____ DUE TO _____ (XM) _____ DUE TO _____ (XN) _____ DUE TO _____ (XO) _____ DUE TO _____ (XP) _____ DUE TO _____ (XQ) _____ DUE TO _____ (XR) _____ DUE TO _____ (XS) _____ DUE TO _____ (XT) _____ DUE TO _____ (XU) _____ DUE TO _____ (XV) _____ DUE TO _____ (XW) _____ DUE TO _____ (XX) _____ DUE TO _____ (XY) _____ DUE TO _____ (XZ) _____ DUE TO _____ (YA) _____ DUE TO _____ (YB) _____ DUE TO _____ (YC) _____ DUE TO _____ (YD) _____ DUE TO _____ (YE) _____ DUE TO _____ (YF) _____ DUE TO _____ (YG) _____ DUE TO _____ (YH) _____ DUE TO _____ (YI) _____ DUE TO _____ (YJ) _____ DUE TO _____ (YK) _____ DUE TO _____ (YL) _____ DUE TO _____ (YM) _____ DUE TO _____ (YN) _____ DUE TO _____ (YO) _____ DUE TO _____ (YP) _____ DUE TO _____ (YQ) _____ DUE TO _____ (YR) _____ DUE TO _____ (YS) _____ DUE TO _____ (YT) _____ DUE TO _____ (YU) _____ DUE TO _____ (YV) _____ DUE TO _____ (YW) _____ DUE TO _____ (YX) _____ DUE TO _____ (YY) _____ DUE TO _____ (YZ) _____ DUE TO _____ (ZA) _____ DUE TO _____ (ZB) _____ DUE TO _____ (ZC) _____ DUE TO _____ (ZD) _____ DUE TO _____ (ZE) _____ DUE TO _____ (ZF) _____ DUE TO _____ (ZG) _____ DUE TO _____ (ZH) _____ DUE TO _____ (ZI) _____ DUE TO _____ (ZJ) _____ DUE TO _____ (ZK) _____ DUE TO _____ (ZL) _____ DUE TO _____ (ZM) _____ DUE TO _____ (ZN) _____ DUE TO _____ (ZO) _____ DUE TO _____ (ZP) _____ DUE TO _____ (ZQ) _____ DUE TO _____ (ZR) _____ DUE TO _____ (ZS) _____ DUE TO _____ (ZT) _____ DUE TO _____ (ZU) _____ DUE TO _____ (ZV) _____ DUE TO _____ (ZW) _____ DUE TO _____ (ZX) _____ DUE TO _____ (ZY) _____ DUE TO _____ (ZZ) _____ DUE TO _____		19. DATE OF OPERATION 2/12/51		19B. MAJOR FINDINGS OF OPERATION Arteriosclerotic cardiovascular disease		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
--	--	---	--	--	--	---	--

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

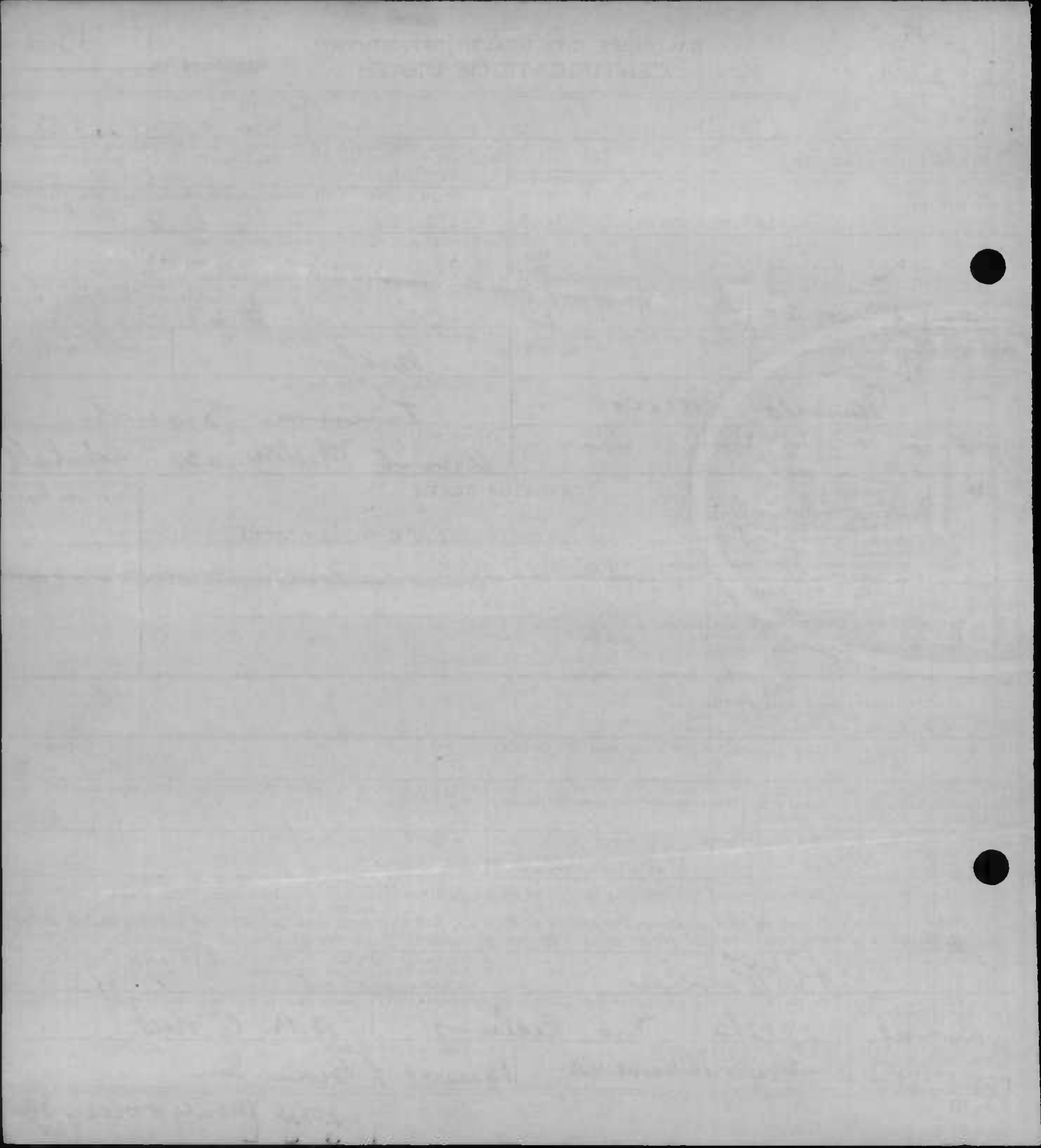
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE **R.F. Fisher** 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Feb. 9, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2/12/51** 24C. NAME OF CEMETERY OR CREMATORY **Mt Calvary** 24D. LOCATION (City, town, or county) (State) **A.A. Co Md**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 12 1951** REGISTRAR'S SIGNATURE **Thurston Williams, M.D.** 25. FUNERAL DIRECTOR **Isaiah L Brown Son** ADDRESS **937 1086 Mount Vernon St**

V5 151



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1332
Registered No.

623
1332
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Stanislaw Brudzinski</u>			2. DATE OF DEATH <u>2/10/51</u> <u>2-10-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Johns Hopkins Hospital</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore City</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>1-01</u>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>2830 Odonnell St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 8 1889</u>		9. AGE (In years last birthday) <u>61</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Water Dept Baltimore</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Stanislaw Brudzinski</u>		
14. MOTHER'S MAIDEN NAME <u>Frances Kraczyk</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>James Brudzinski</u>		

CAUSE OF DEATH

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH (A) <u>Hypertensive Cardiovascular</u> DUE TO (B) <u>Disease</u> DUE TO (C) <u>Myocardial Insufficiency</u>
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19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. [Signature] M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED 2-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 2-15-51 24C. NAME OF CEMETERY OR CREMATORY St. Stanislaw 24D. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR February 1, 1951 REGISTRAR'S SIGNATURE William V. [Signature] FUNERAL DIRECTOR St. Brudzinski ADDRESS 1407 Eastern Ave.

WHEAT IS ONLY HEAVY BUT NOT
A SUBSTITUTE FOR OATS

100

240
51 1333BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1333
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph L. Piccola

2. DATE
OF
DEATH Feb. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1421 N. Chester St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1421 N. Chester St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 4, 1867

9. AGE (In years
last birthday)

83

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bailiff Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clara Piccola 1421 Chester St.

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic C.V. D.

5 yrs?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pneumo pneumonia

3-5 days

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1950 to 2/9, 1951, that I last saw the
deceased alive on 2/17, 1951 and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1951

VS 150

correct age is extremely important.

931

INSTRUMENTS AND EQUIPMENT
IN THE OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
NAVY

i

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1334
Registered No. _____

BIRTH NO. 49-28141

1. NAME OF DECEASED
(Type or Print)

JOHN FRANCIS STAMM

2. DATE
OF
DEATH

February 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2634 Frederick Avenue

6. SEX

Male

7. COLOR OR RACE

White

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

9. DATE OF BIRTH

12/17/49

10. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

14

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

12. KIND OF BUSINESS OR INDUSTRY

13. BIRTHPLACE (State or foreign country)

Baltimore Md.

14. CITIZEN OF WHAT COUNTRY?

USA

15. FATHER'S NAME

John F. Stamm

16. MOTHER'S MAIDEN NAME

Louise D. Broughton

17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

18. SOCIAL SECURITY NO.

19. INFORMANT ADDRESS
Mr John F. Stamm 2634 Fred Ave

20. **491X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21. DATE OF OPERATION

22. MAJOR FINDINGS OF OPERATION

23. AUTOPSY?

YES ☒ NO ☐

24. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour) OF INJURY

28. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

29. HOW DID INJURY OCCUR?

30. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

31. SIGNATURE

Stanley S. Dunbar

32. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

33. DATE SIGNED

Feb. 12, 1951

34. BURIAL, CREMATION, REMOVAL (Specify)

35. DATE

2/14/51

36. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

37. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd

38. DATE RECEIVED BY LOCAL REGISTRAR

39. REGISTRAR'S SIGNATURE

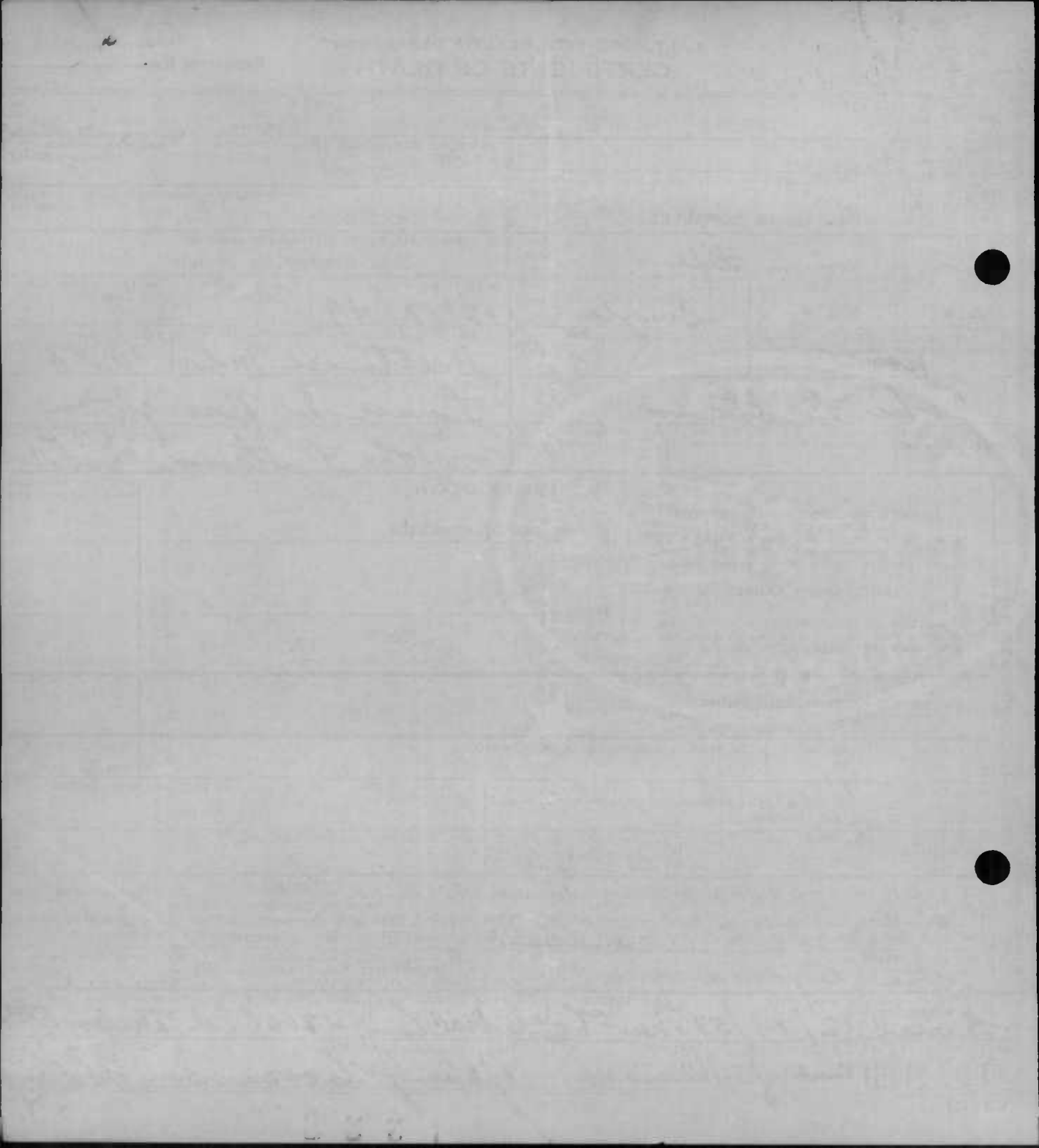
Huntington Williams, M.D.

40. FUNERAL DIRECTOR

John J. Cowan & Son

41. ADDRESS

Halpin



420
ND-75084335BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1335

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Block

2. DATE
OF
DEATH

Feb. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY (before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 18, 1964

9. AGE (in years
last birthday)

86

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Shoe maker

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT'S ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Arteriosclerosis-marked

10 Yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

20 Yrs.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 7-2, 1942, to 2-11, 1951, that I last saw the
deceased alive on 2-11, 1951, and that death occurred at 5:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

2-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

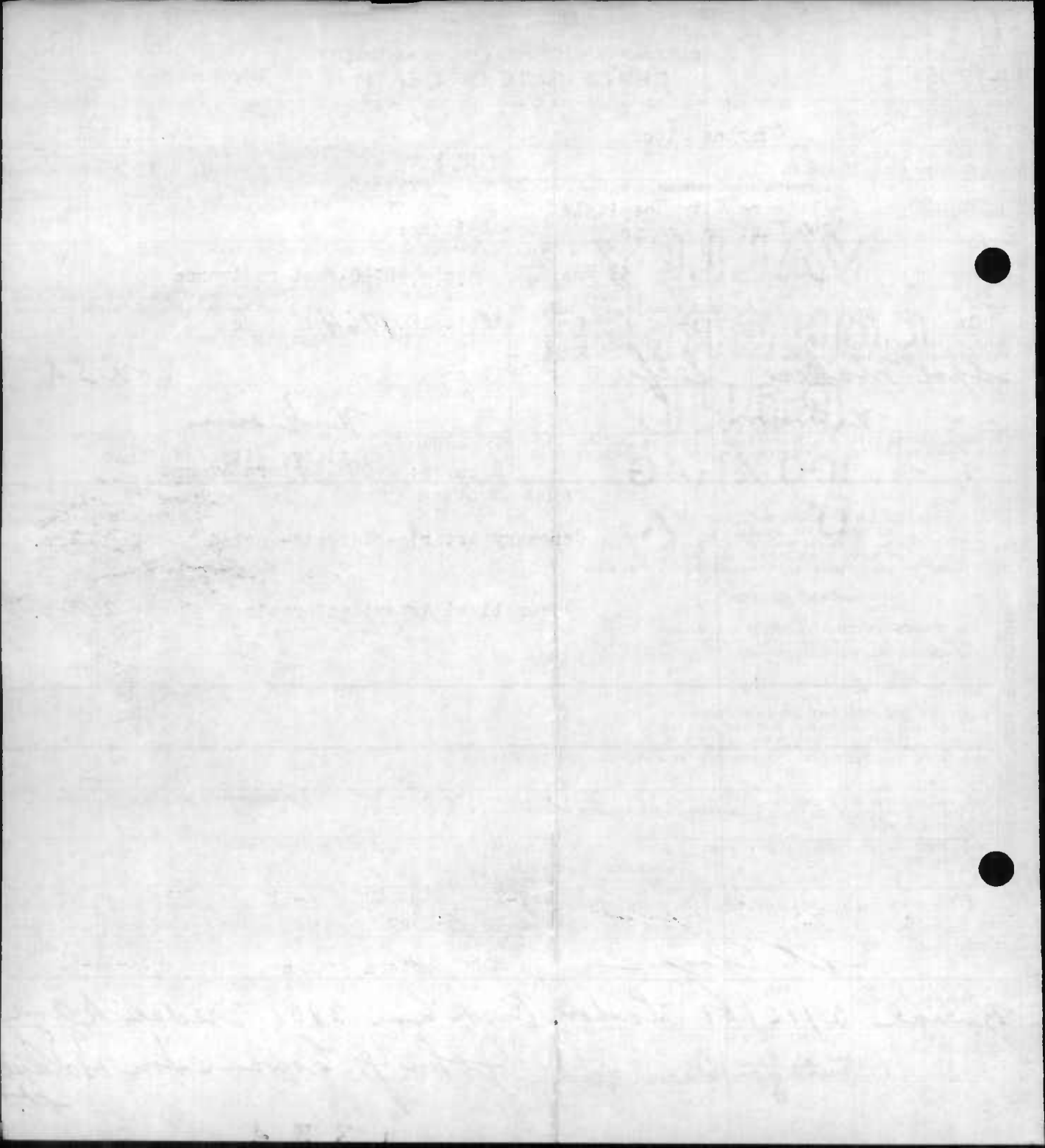
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1336

Registered No. _____

BIRTH NO. _____

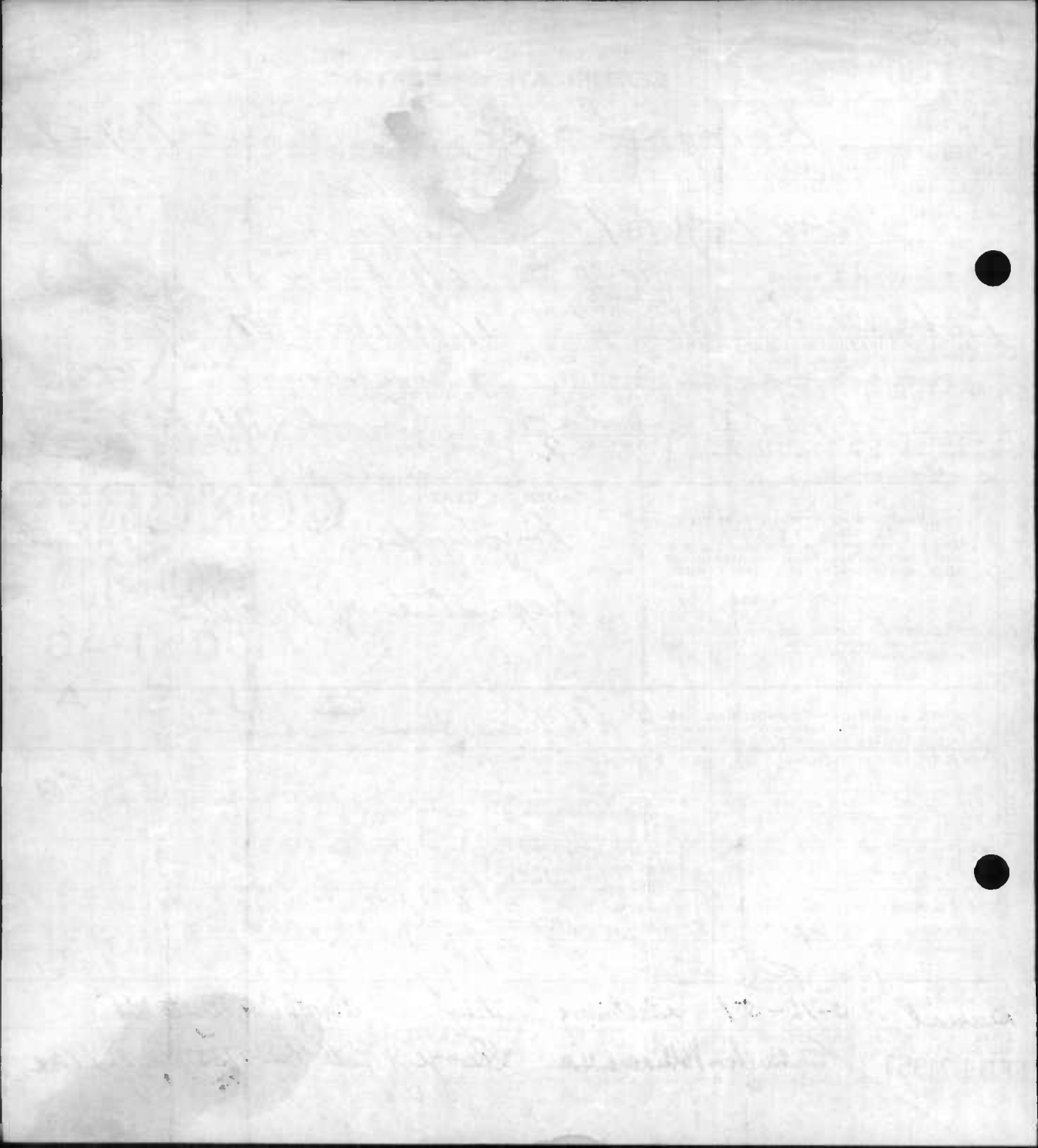
1. NAME OF DECEASED (Type or Print) <i>Harry Shrader</i>		2. DATE OF DEATH <i>2/10/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>611 Ehsor St.</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <i>7/10/1903</i>	
9. AGE (In years last birthday) <i>47</i>		10. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>	
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Elmer Shrader</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Baker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>2</i>	
17. INFORMANT <i>deceased</i>		ADDRESS _____	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Asphyxia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>
DUE TO (A) _____		
DUE TO (B) <i>Aspiration of Vomitus</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		

19A. DATE OF OPERATION <i>2/10/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Asphyxia - Severe</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from *2/6*, 19*51*, to *2/10*, 19*51*, that I last saw the deceased alive on *2/10*, 19*51*, and that death occurred at *5:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>George J. Ruth</i>	23B. ADDRESS <i>Mercy Hospital</i>	23C. DATE SIGNED <i>2/10/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-12-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>
24D. LOCATION (City, town, or county) <i>E. North Ave, Balto Md</i>		(State) _____
DATE RECEIVED BY LOCAL REGISTRAR FEB 1 21951	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR <i>George J. Ruth Inc-1735 Hanford Ave</i>



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1337

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALFRED MASON		2. DATE OF DEATH February 8, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 618 W. Barre Street		5. LENGTH OF STAY IN BALTIMORE Life	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 5-28-33
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		10B. KIND OF BUSINESS OR INDUSTRY md. barter co.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James A. Mason		14. MOTHER'S MAIDEN NAME Daisy Skiggins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Daisy Mason - 618 Barre St.		ADDRESS	

18. E 754.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Syncope following anesthesia for excision of keloid at site of former avulsion of skin		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION February 8, 1951		19B. MAJOR FINDINGS OF OPERATION Keloid		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) industrial		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Maryland Container Co. 1515 Russell St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY October 19, 1950 ? m.		21E. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Arm caught in machine	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 9, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/13/51		24C. NAME OF CEMETERY OR CREMATORY mt. Calvary	
24D. LOCATION (City, town, or county) (State) A. A. Co. Maryland		24E. FUNERAL DIRECTOR Wm. A. Jackson - 916 PENNA. AVE.		24F. ADDRESS	

V S 151

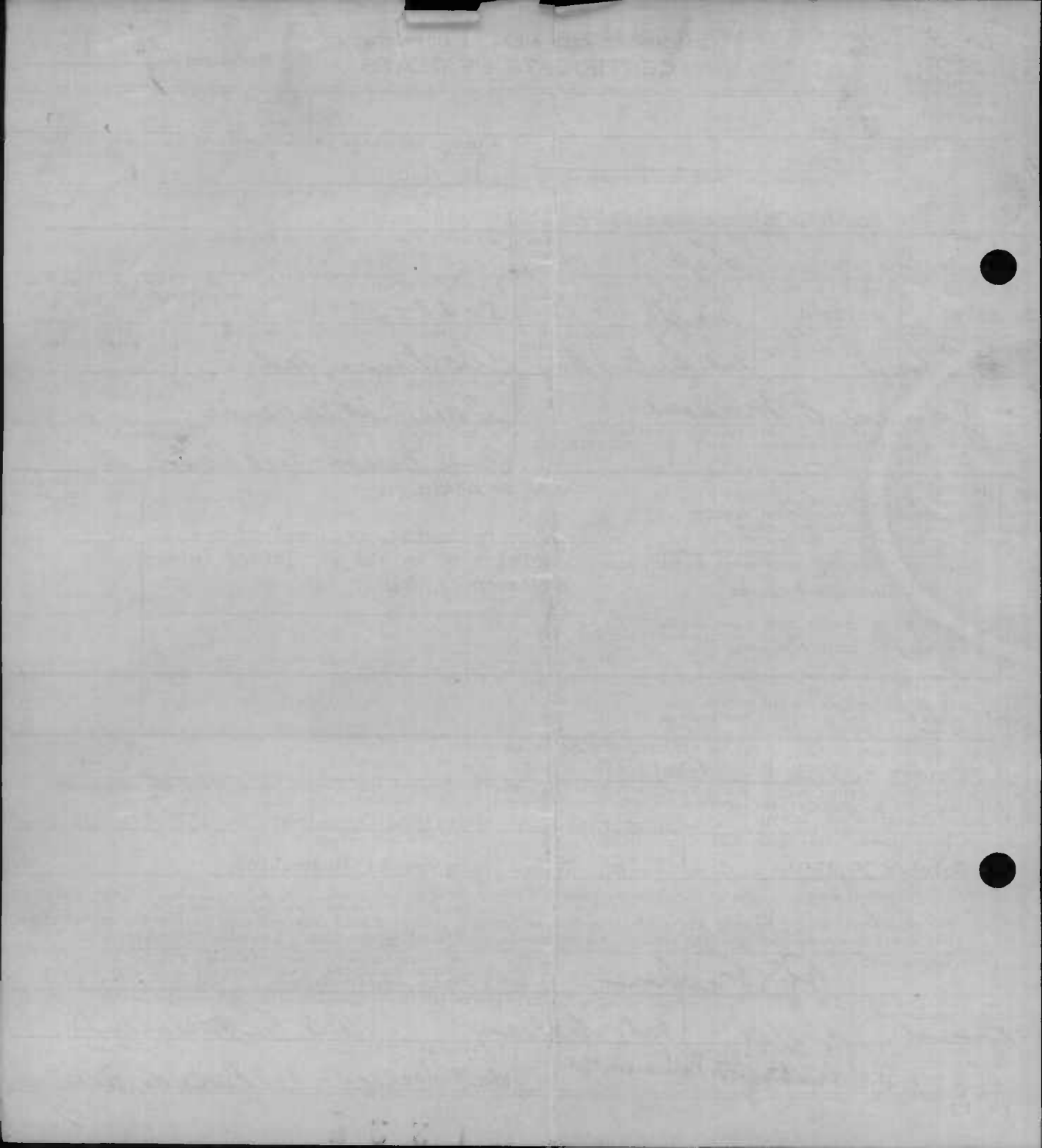
N-999.2

8704K

336

176 ✓

MEDICAL CERTIFICATION



652
51 1338
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1338
Registered No.1. NAME OF DECEASED
(Type or Print)

Virginia H. Branch

2. DATE OF DEATH Feb. 9, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

543 N. Carrollton

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Maryland
Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

543 N. Carrollton Ave

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 5, 1901

9. AGE (In years last birthday)

50

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Lorenza Chandler.

11. BIRTHPLACE (State or foreign country)

O'Nanchoes Va..

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Edith Pitts.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Emerson Branch. 543 N. Carrollton Ave

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/50, to 2/9/51, 1951, that I last saw the deceased alive on 2/9/51, 1951, and that death occurred at 2:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

W. G. Gurney

M. D.

23B. ADDRESS

5536 N. St

23C. DATE SIGNED

2/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

February 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

O'Nanchoes

24D. LOCATION (City, town, or county) (State)

Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

McKee R. Williams

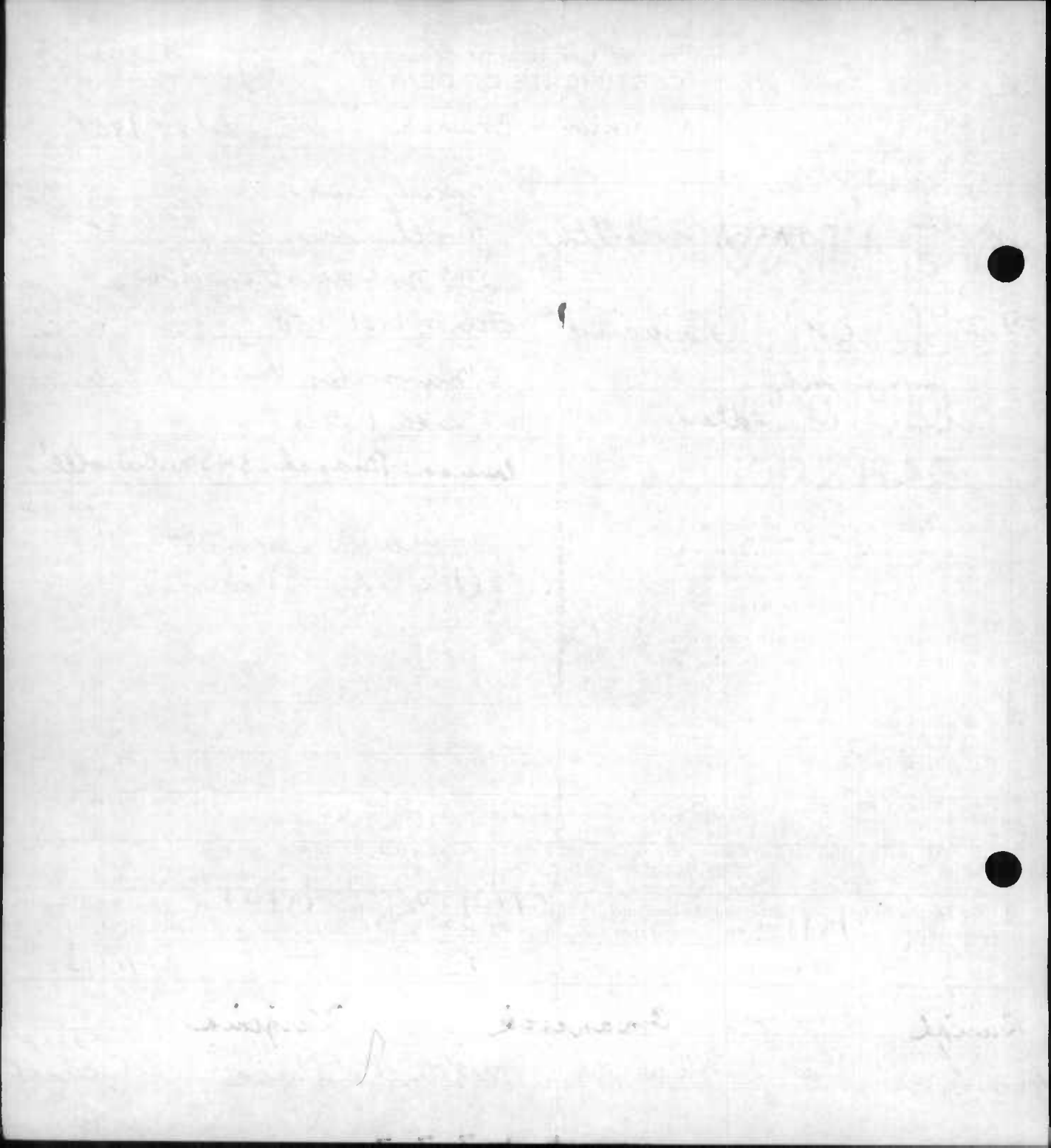
ADDRESS

322 N. Schroeder St

FEB 12 1951

VS 150

93D



560
51 1339

HENRY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1339
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robinson. HENRY - G H S S I E.</i>		2. DATE OF DEATH <i>2/7/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>751 W. Lexington St.</i>		Yrs. Mos. Days	
5. SEX <i>F</i>		6. COLOR OR RACE <i>C</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>		8. DATE OF BIRTH <i>September 23, 1909</i>	
9. AGE (In years last birthday) <i>41</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W.</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Chester County, S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Henry Johnson.</i>		14. MOTHER'S MAIDEN NAME <i>Kitty Caldwell.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Shirley Henry.</i>		ADDRESS <i>751 W. Lexington St.</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Infarctal - hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *2/6/51*, 19__, to *2/7/51*, 19__, that I last saw the deceased alive on *2/7/51*, 19__, and that death occurred at *10:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Joseph B. Bronushas* M.D. 23B. ADDRESS *Univ. Hospital Bldg* 23C. DATE SIGNED *2/7/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *February 12, 1951* 24C. NAME OF CEMETERY OR CREMATORY *mt. Auburn* 24D. LOCATION (City, town, or county) (State) *Baltimore Md.*

DATE RECEIVED BY LOCAL REGISTRAR *FEB 12 1951* REGISTRAR'S SIGNATURE *William H. Williams* 25. FUNERAL DIRECTOR *Mrs. Kate Williams* ADDRESS *322 N Schroeder St*

VS 150
(J. B. Bronushas) 83a

WALLY
COWLES
BOND
THE STATE
OF U.S.A.

250
51 1340BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1340
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Susie B. Vaughan.		2. DATE OF DEATH February 8, 1951.	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland. b. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore. 17-02			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1225 Division St.			
5. SEX Female	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH January 1886	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Edmonton, N.C.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Joseph Lawrence, nephew	
18. ADDRESS 956 Stoddard Ct.					

18.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Myocardial Degeneration DUE TO	1 mo
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertensive Coronal Vascular Disease DUE TO	6 mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

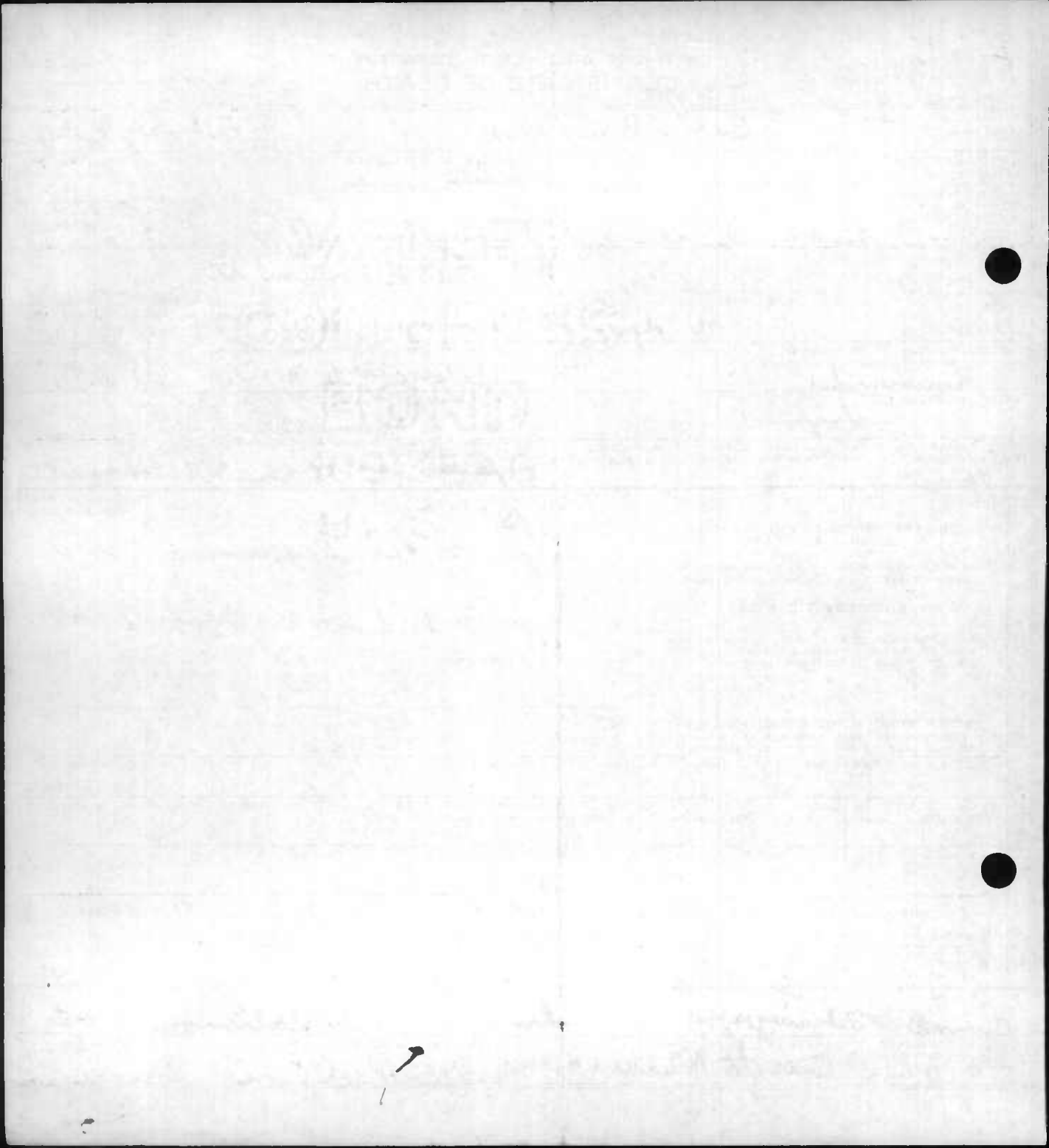
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-10, 1950, to 2-8, 1951, that I last saw the deceased alive on 2-8, 1951, and that death occurred at 4:44 p. m., from the causes and on the date stated above.

23a. SIGNATURE Thomble Lulhas	23b. ADDRESS 1843 Penna Ave	23c. DATE SIGNED 2/18/51
----------------------------------	--------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24d. LOCATION (City, town, or county) (State) Baltimore, Md.
---	--------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1951	REGISTRAR'S SIGNATURE Lutington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Kate R. Williams	ADDRESS 322 N Schroeder St
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51. 1341
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

2-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1102 W. Fayette St.

Baltimore

D. STREET ADDRESS (If rural, give location)

1102 W. Fayette St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

January 1, 1885

9. AGE (In years last birthday)

66

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charlotte, N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. James Crockett. 1102 W. Fayette St.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIOSCLEROSIS

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1951, to 2-7, 1951, that I last saw the deceased alive on 2-3, 1951, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

23B. ADDRESS

1824 W. Franklin St.

23C. DATE SIGNED

2-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

February 12, 1951

24C. NAME OF CEMETERY OR CREMATORY

Calverton Memorial Park

24D. LOCATION (City, town, or county) (State)

Baltimore MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

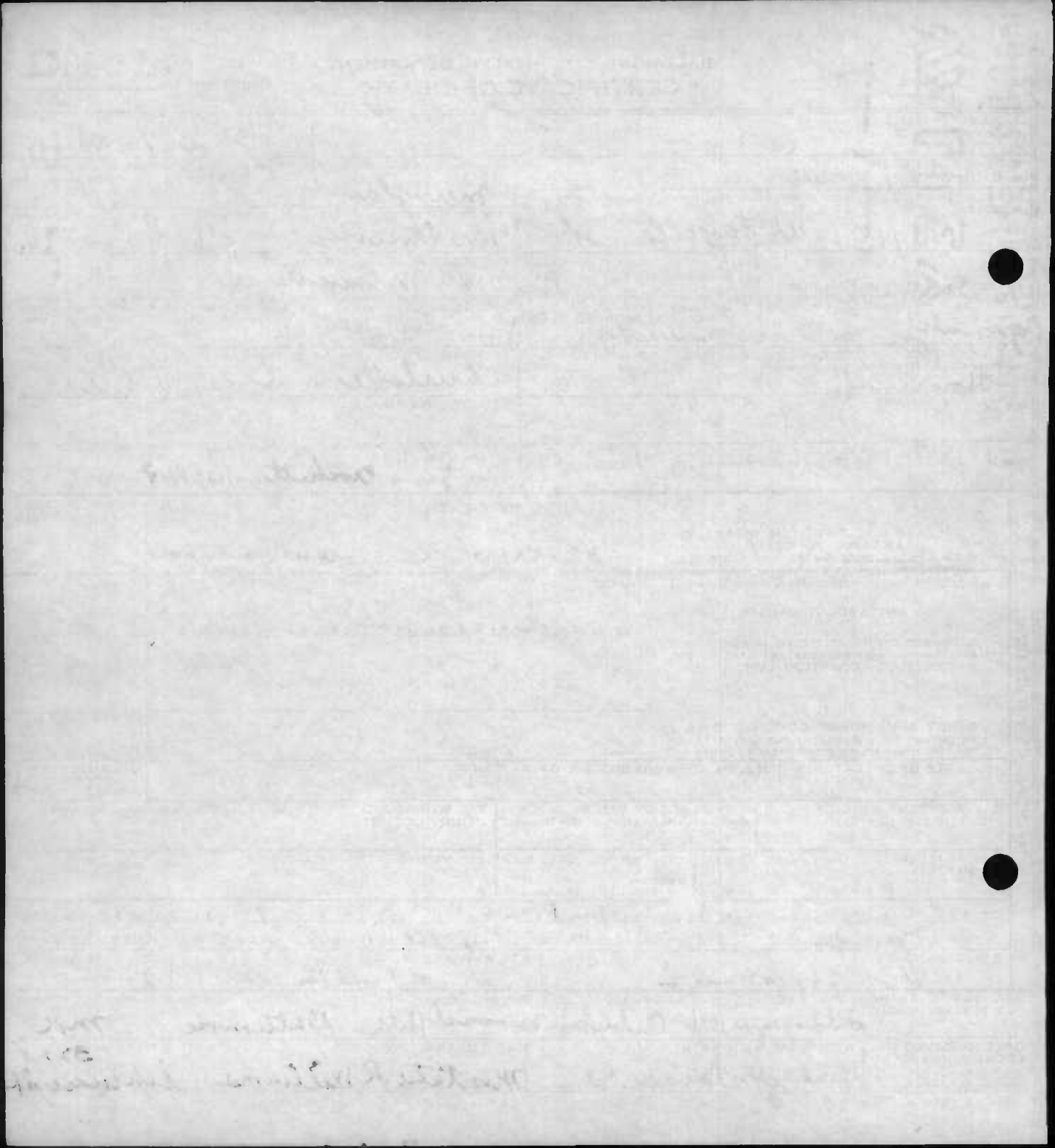
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schenck St.



AB-135640
51-460
1342BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1342
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Joseph Miller

2. DATE
OF
DEATH 2-10-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2914 O'Donnell St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 14- 1901

9. AGE (In years
last birthday)

49

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

UNKNOWN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Miller

(D)

14. MOTHER'S MAIDEN NAME

Elizabeth Alberts

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 002 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Tuberculosis
DUE TO Tuberculous Enteritis

2yrs.

2yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9-1950, to 2-10-1951, that I last saw the
deceased alive on 2-10-1951, and that death occurred at 3 PM m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. O'Brien

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

2-10-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

12-14-51
Funeral

2-14-51

London Park

Balto - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

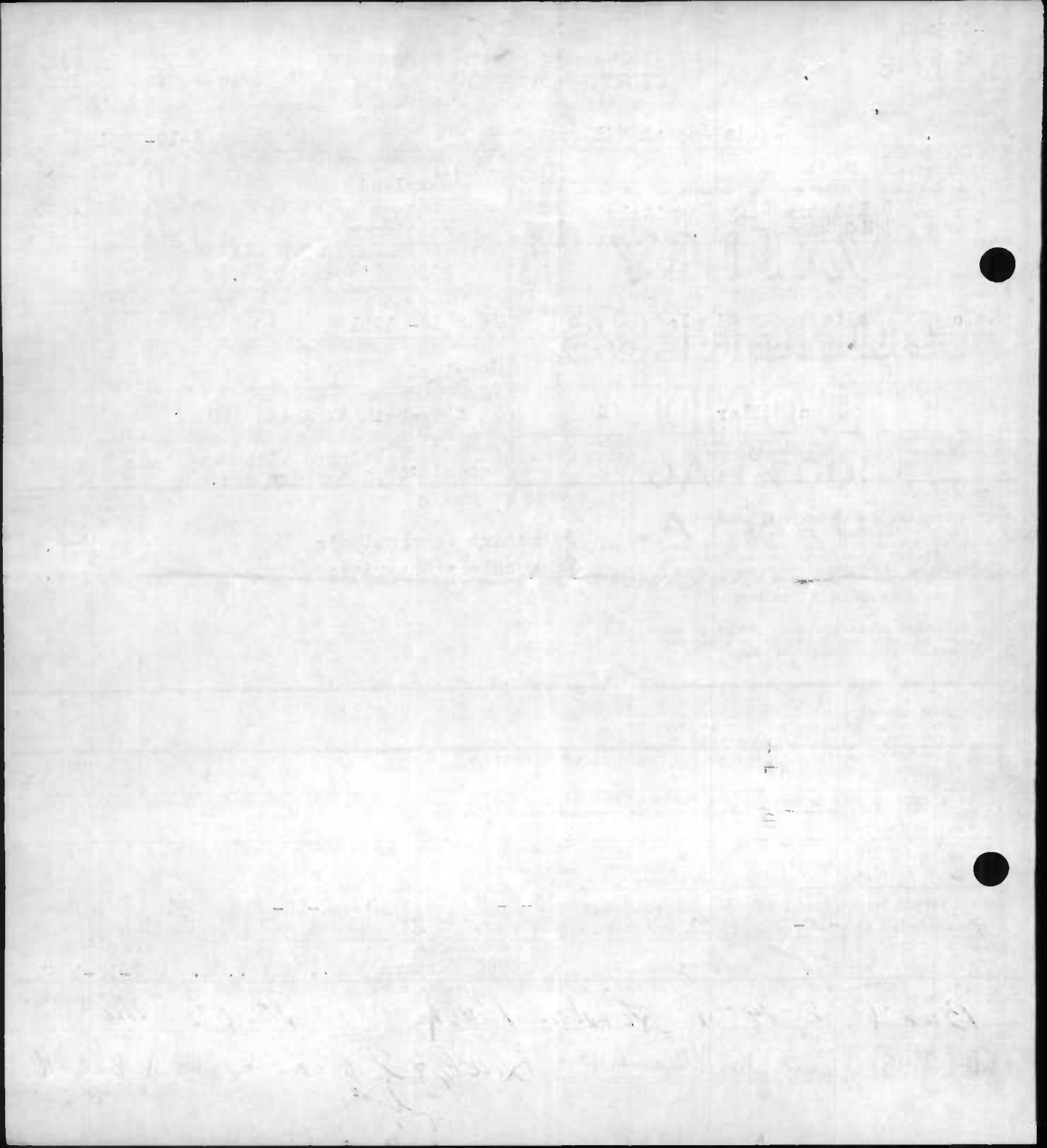
25. FUNERAL DIRECTOR

ADDRESS

FEB 12 1951

R. Williams, M.D.

Lilly & Zisk - 403 S. E. 10th



100
51 1343
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1343
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Phillip Druffey</i>		2. DATE OF DEATH <i>February 10, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>OSL 6</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>1-02</i>	
5. LENGTH OF STAY IN BALTIMORE <i>33</i>		d. STREET ADDRESS (If rural, give location) <i>6315, Linwood Ave.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>92</i> <i>6-24-92</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>UNKNOWN</i>		9. AGE (in years last birthday) <i>58</i>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <i>Joseph Druffey</i>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <i>Anna Phelen</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS	

18. <i>465X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary embolism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15 min</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pericarditis nodosa</i>		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-23, 1949</i> to <i>2-10, 1951</i> , that I last saw the deceased alive on <i>2-10, 1951</i> , and that death occurred at <i>10:30 pm.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Thomas J. Walsh</i> M. D.		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>2-11-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>2-15-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Catholic</i>	
24d. LOCATION (City, town, or county) <i>Balto</i>		24e. LOCATION (State) <i>Balto</i>		24f. LOCATION (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 12 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Tracy & Zelnick</i> ADDRESS <i>4038 Volpe</i>	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1344
Registered No.

622
MD-14490944
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael Duraczyk		2. DATE OF DEATH Feb. 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 710 S. Luzerne Ave. (24)		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1890
9. AGE (in years last birthday) 60		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Duraczyk		14. MOTHER'S MAIDEN NAME Catherine ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records; 4940 Eastern Avenue	

18. 454X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Thrombosis of the Abdominal Aorta		DUE TO	3 Days
(B) Arteriosclerosis		DUE TO	Yrs.
(C)		DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Arteriosclerotic Cardio Vascular Disease	Yrs.
---	--	---	-------------

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

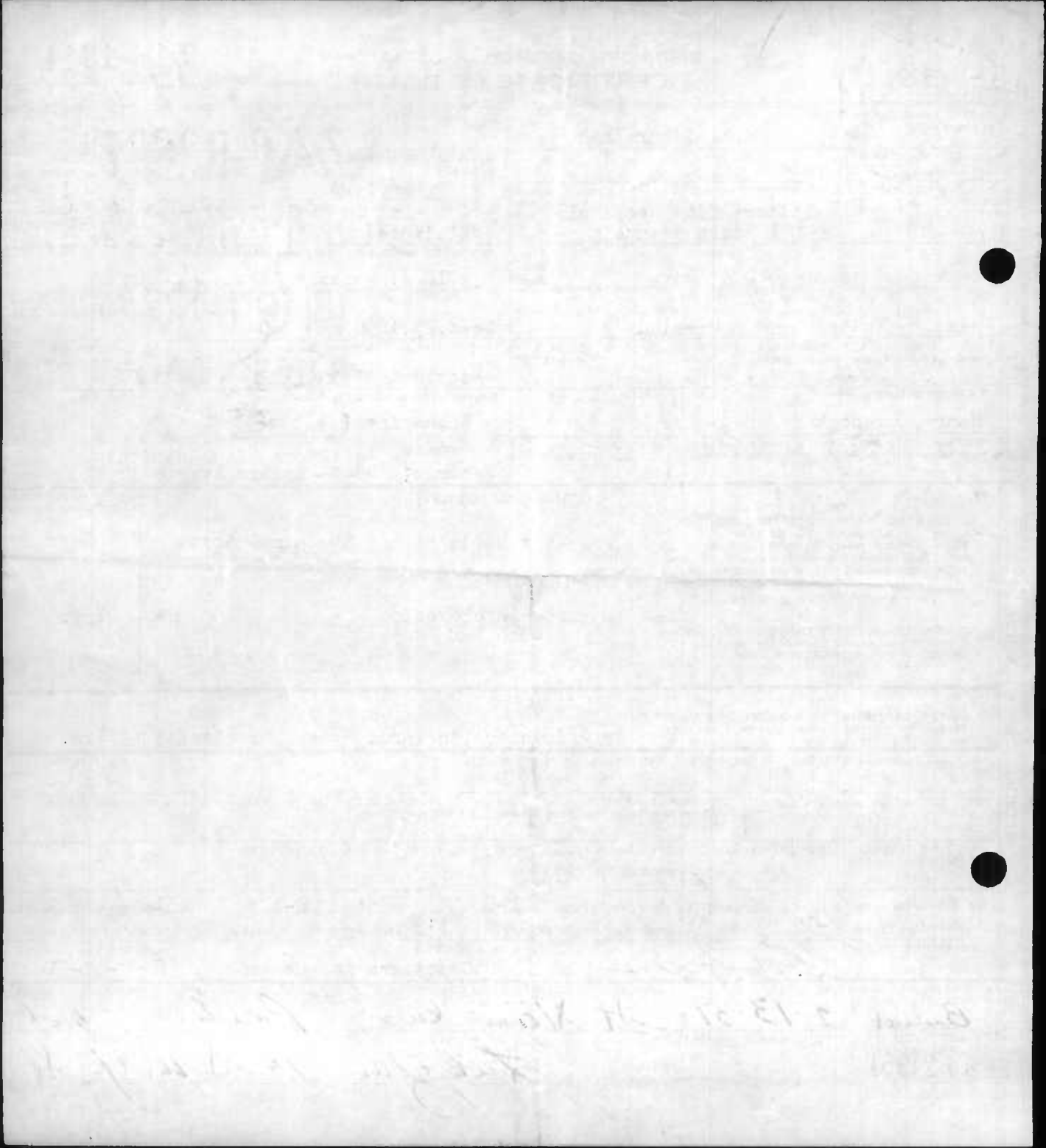
22. I hereby certify that I attended the deceased from **1-8**, 19 **51** to **2-10**, 19 **51** that I last saw the deceased alive on **2-10**, 19 **51**, and that death occurred at **1:30 pm.**, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 2-10-51
--------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-13-51	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore Md
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Lilly, John - 903 S. Wolf St	ADDRESS 937
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1345

Registered No. _____

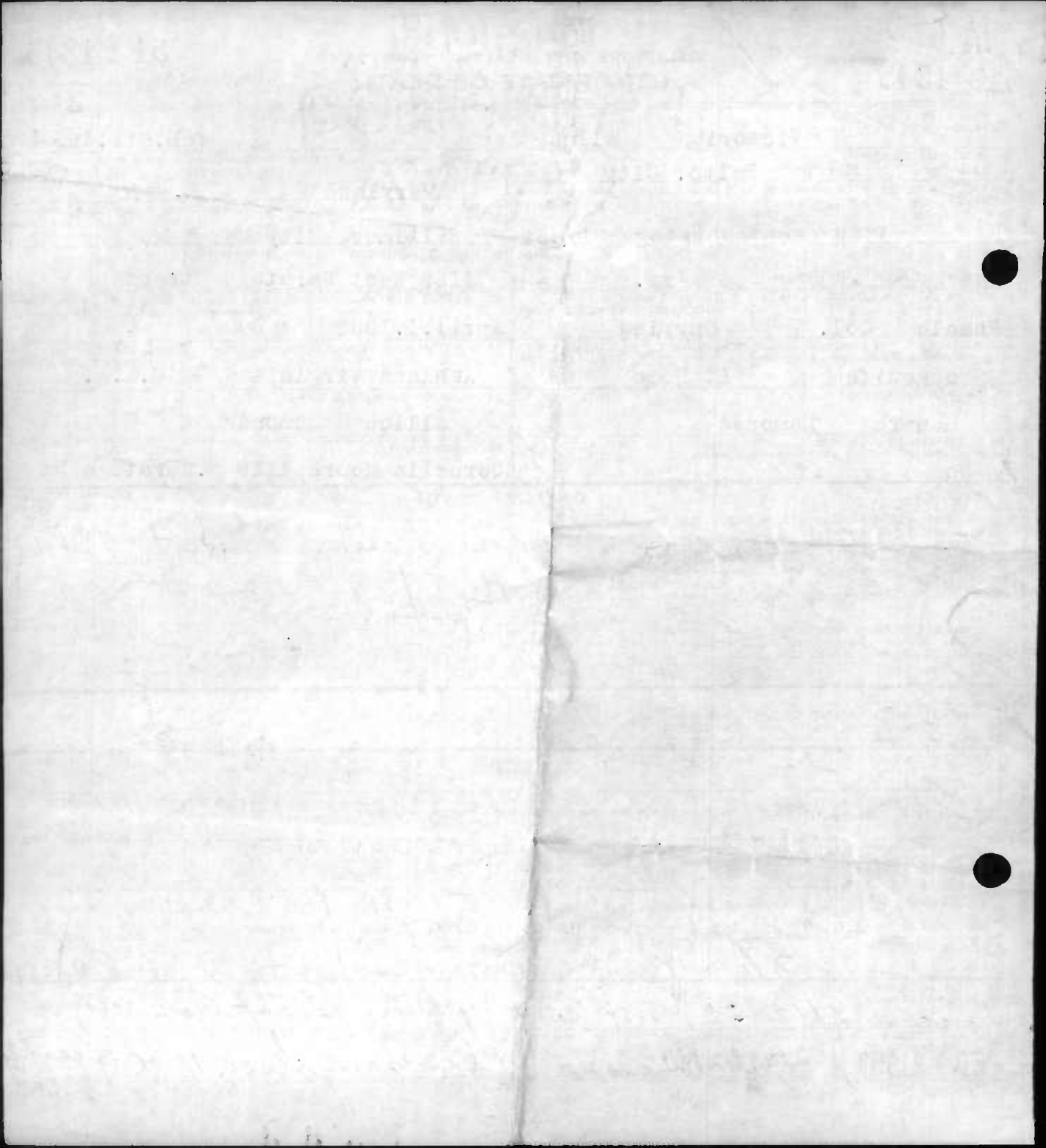
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Victoria Allen			2. DATE OF DEATH Feb. 8th. 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION II29 West Sarstoga Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City Maryland		
Length of stay in Baltimore 49 Yrs.			D. STREET ADDRESS (If rural, give location) II29 West Saratoga Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April. I. 1881		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Ashland Virginia
13. FATHER'S NAME Square Edmonds			14. MOTHER'S MAIDEN NAME Alice Edmonds		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT Cornelia Moore	
				ADDRESS II29 W. Saratoga St	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		Hypertension		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 5 , 1951, to Feb 8 , 1951, that I last saw the deceased alive on Feb 8 , 1951, and that death occurred at 9:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1202 N. Caroline St.		23C. DATE SIGNED Feb. 11, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/12/51		24C. NAME OF CEMETERY OR CREMATORY Brooklyn Ave. Brooklyn Md	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Choygo. Wilson		ADDRESS 1000 Brandy	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1951		REGISTRAR'S SIGNATURE Huntington Williams			

83a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51-1346

BIRTH NO. 51-03413

1. NAME OF DECEASED (Type or Print) <u>Baby Girl Orth</u>		2. DATE OF DEATH <u>2-11-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>8-02</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
Length of stay in Baltimore <u>1</u> Mos. Days		D. STREET ADDRESS (If rural, give location) <u>X 1619 7. Bradford St.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2/11/51</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE in years last birthday <u>12</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
13. FATHER'S NAME <u>X Ernie Williams Orth</u>		14. MOTHER'S MAIDEN NAME <u>X Anna Elizabeth Watkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Ernie W. Orth - 1619 7. Bradford St. - 13</u>		ADDRESS	

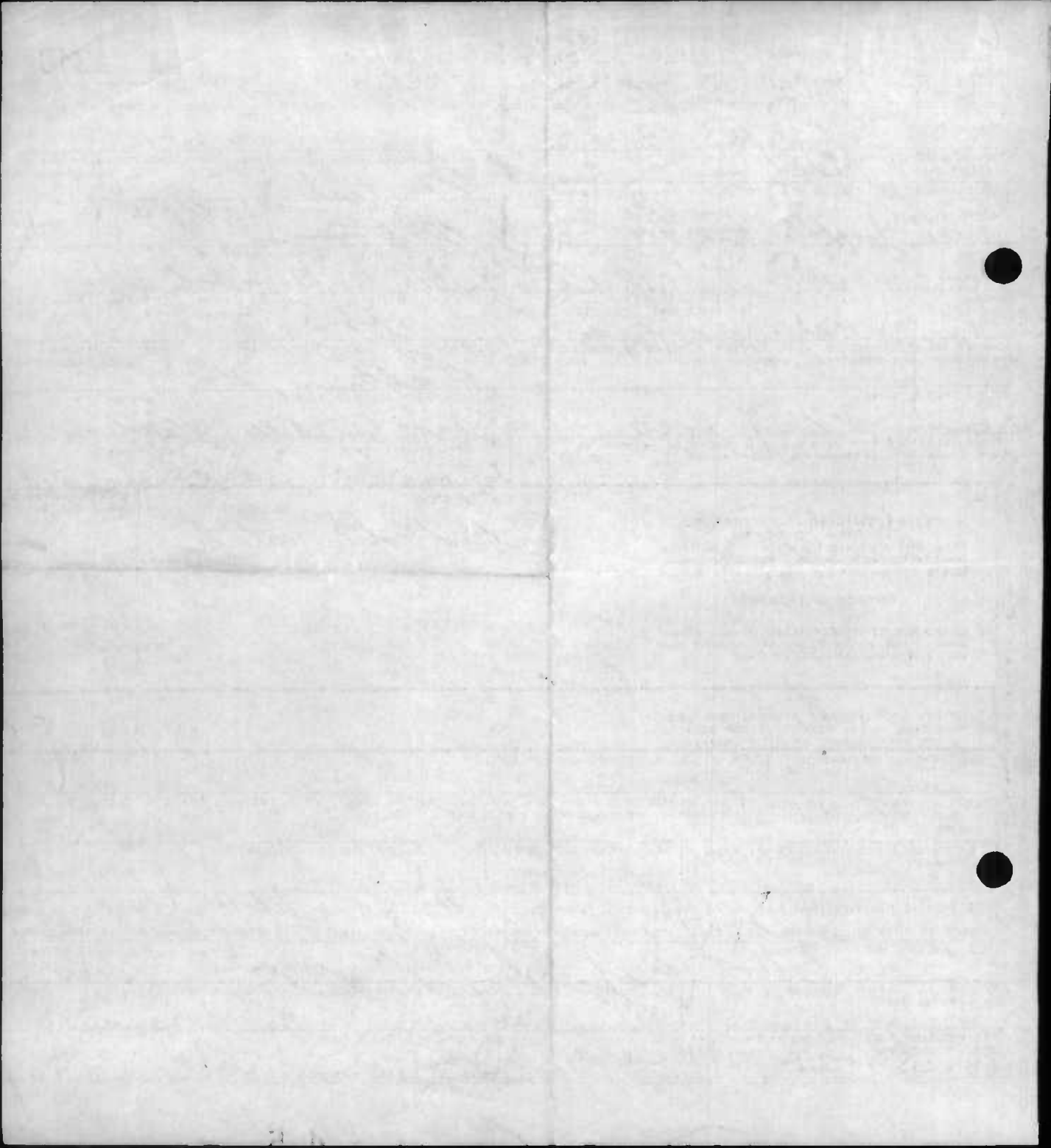
18. <u>770.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Erythroblastosis fetalis</u>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 11, 1951, to Feb 11, 1951, that I last saw the deceased alive on Feb 11, 1951, and that death occurred at 12:15 m., from the causes and on the date stated above.

23A. SIGNATURE Frank W. Baker, Jr. M. D. 23B. ADDRESS St. Joseph's Hospital 23C. DATE SIGNED 2/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-12-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Belair Road Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 12 1951</u>		REGISTRAR'S SIGNATURE <u>Frank W. Baker, Jr.</u>		25. FUNERAL DIRECTOR <u>John C. Miller Inc. - 2435 E. Oliver St</u>		ADDRESS	



240
51 1347BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1347
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary R. Ashley

2. DATE
OF
DEATH

Feb. 10, '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

813 Cator Avenue

Yrs.
Mos.
Days

Length of stay in Baltimore

28 yrs.

5. SEX

F.

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 12, 1863

9. AGE (in years
last birthday)

87 88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

James F. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

—

16. SOCIAL
SECURITY NO.

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Mary Ann Jenkins

17. INFORMANT

ADDRESS

Thelma B. Prince 813 Cator Ave.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) Cerebral Hemorrhage with Hemiplegia 25 days.
DUE TO Hypertension cardio-vascular (Rt.)
renal disease 15 yrs.

(B)

DUE TO

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1951, to Feb. 10, 1951, that I last saw the
deceased alive on Feb. 10, 1951, and that death occurred at 12:26 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Feb. 11, '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-14-1951

24C. NAME OF CEMETERY OR CREMATORY

WESLEY CHAPEL CEM.

24D. LOCATION (City, town, or county)

Rock Hall

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS Co. 4905 YORK RD.

FEB 12 1951

VS 150

131a

MEDICAL CERTIFICATION

May 18, 1914

813 Cedar Avenue

25 yrs

F. White & Son

Housewife

James F. Brown

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—

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Feb. 10, 1914

813 Cedar Avenue

Baltimore Md.

813 Cedar Ave

May 18, 1914

Maryland

May 18, 1914

James F. Brown

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51. 1348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51. 1348
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES H. OWENS

2. DATE
OF
DEATH

2/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

908 LIGHT ST.

Length of stay in Baltimore

2.6

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

23-02

D. STREET ADDRESS (If rural, give location)

908 LIGHT ST.

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 14, 1879

9. AGE (in year,
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BLACKSMITH

10B. KIND OF BUSINESS OR
INDUSTRY

SHIPYARD

11. BIRTHPLACE (State or foreign country)

WASHINGTON D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES B. OWENS

14. MOTHER'S MAIDEN NAME

ELLA SHEA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-05-2105

17. INFORMANT

ADDRESS

MRS. MARY A. OWENS 908 LIGHT ST.

18. 592X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Regeneration

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerosis

142

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Chronic Intermittent

145

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 10 1950, to Feb 10 1951, that I last saw the deceased alive on Feb 9 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J.F.A. Stevens

M. D.

23B. ADDRESS

2878 N. Maryland St.

23C. DATE SIGNED

2-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/14/51

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEORAL

24D. LOCATION (City, town, or county)

BALTO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 LIGHT ST.

FEB 13 1951

VS 150

501 3U

131a

MEDICAL CERTIFICATION

James H. Owens

108 Light St.

White

Married

James B. Owens

518-02-5102

CONGRESS

WATERY

Liberty, Mo.

John H. Owens

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51. 1349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 1349
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
(b) Street address 3025 Windsor Ave
(c) Hospital or institution: 60
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County 27-18
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3609 Belvedere Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

D Miller Koiner 450.0

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Jalitha M. Koiner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30th 1869

8. AGE: Years 83 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Waynes Boro. Va.
(Town, county, and state)

10. Usual Occupation Flour Miller

11. Industry or business retired

12. Name Marion Koiner

13. Birthplace Waynes Boro. Va.

14. Maiden Name Julia Koiner

15. Birthplace Va.

16 (a) Informant Prescilla Koiner

(b) Address 3609 Belvedere Ave.

17 (a) Burial (b) Date thereof Feb. 14th 1951
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Trinity Lutheran Cem.
Location Crumora Va.

18 (a) Funeral director Mrs. L. A. T. Rohde

(b) Address 2327 Edmondson Ave

19 (a) FEB 1 31951 (b) Integrator Williams, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10th 1951, at 8.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1950, to Feb 10 1951, and that I last saw him alive on Feb 10 1951.

Immediate cause of death

Reverse Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 0

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John St. Aubert M. D.

Address 4803 Park Heights Ave Date signed 2/12/51

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

51 1350

51 1350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cord E. Davis

2. DATE
OF
DEATH

2-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

39 Provident

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

4-9-83

9. AGE (in years
last birthday)

67

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

US

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Blanch Butler - Franklin

ADDRESS

18. 332X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-51, 1951, to 1-7-51, 1951, that I last saw the
deceased alive on 1-2-51, 1951, and that death occurred at 4:55 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

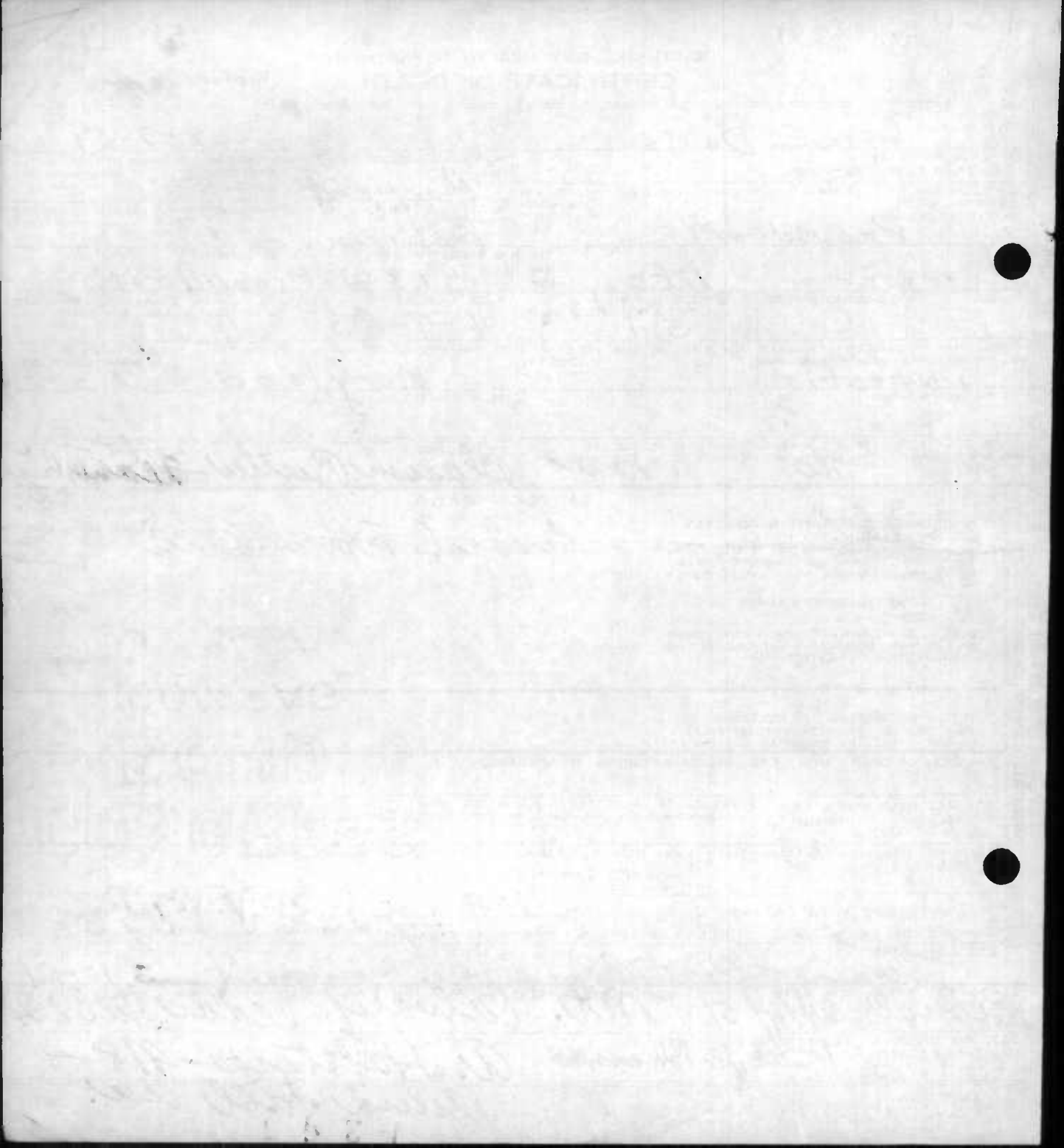
VS 150

Body Removed from Hospital
2/10/51

72084 3 4 9

838

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) NATHAN MATTHEWS		2. DATE OF DEATH February 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 700 Druid Hill Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01	
D. STREET ADDRESS (If rural, give location) 700 Druid Hill Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-7-1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 73
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? W. S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

MEDICAL CERTIFICATION

18. 42211 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William V. Smith* 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Feb. 10, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 2/15/51	24C. NAME OF CEMETERY OR CREMATORY W. Calvary	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1951	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. Halstead - 918</i> <i>Druid Hill Ave. 93D</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDNA MAE CARR

2. DATE
OF
DEATH

February 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

506 506 Moore Street

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-19-1945

9. AGE (In years last birthday)

5

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Carr

14. MOTHER'S MAIDEN NAME

Emma Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Emma Carr - Moore St.

18. E916.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) First, second, and third degree burns of 95% of the body

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

506 Moore Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 9, 1951 5:50 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Clothes afire

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/51

24C. NAME OF CEMETERY OR CREMATORY

Not Ruben - Balcony

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Smith

25. FUNERAL DIRECTOR

W. Halstead - 918 +

ADDRESS

Alvin Hill Ave. 181

V S 151

FEB 13 1951

N-948.2

MEDICAL CERTIFICATION

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DE FUNERAL DIRECTOR

23A. SPECIAL CHARGE
TIME (REMOVAL CHARGE)

23B. DATE

23C. NAME OF CEMETERY OR CREMATORY 23D. LOCATION (GIVE STREET AND NUMBER)

M.D. MEDICAL INVESTIGATOR

23E. CHIEF MEDICAL EXAMINER

23F. DATE REPORTED

and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ other ☐ (specify)

The evidence obtained by said autopsy, inspection or inquiry, and that and document filed on the day stated above

and I certify that I took charge of the remains described above, with me

23G. TIME (HOURS) (DAY) (YEAR) (PLACE)

23H. WHERE AT ☐ HOME ☐ OTHER ☐ (PLACE)

23I. HOW DID INJURY OCCUR

23J. PLACE OF INJURY (IF PLACE OF INJURY IS NOT KNOWN, GIVE ADDRESS OF HOME)

23K. WHERE DID INJURY OCCUR ☐ HOME ☐ OTHER ☐ (PLACE)

23L. DATE OF OPERATION

23M. MAJOR KIND OF OPERATION

23N. SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23O. DATE OF DEATH

23P. DISEASE OR CONDITION (IF ANY) DUE TO

23Q. ANTICIPATED CAUSES

23R. DISEASE OR CONDITION LEADING TO DEATH

23S. CAUSE OF DEATH

23T. OTHER SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23U. DATE OF DEATH

23V. DISEASE OR CONDITION LEADING TO DEATH

23W. CAUSE OF DEATH

23X. OTHER SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23Y. DATE OF DEATH

23Z. DISEASE OR CONDITION LEADING TO DEATH

23AA. CAUSE OF DEATH

23AB. OTHER SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23AC. DATE OF DEATH

23AD. DISEASE OR CONDITION LEADING TO DEATH

23AE. CAUSE OF DEATH

23AF. OTHER SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23AG. DATE OF DEATH

23AH. DISEASE OR CONDITION LEADING TO DEATH

23AI. CAUSE OF DEATH

23AJ. OTHER SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23AK. DATE OF DEATH

23AL. DISEASE OR CONDITION LEADING TO DEATH

23AM. CAUSE OF DEATH

23AN. OTHER SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23AO. DATE OF DEATH

23AP. DISEASE OR CONDITION LEADING TO DEATH

23AQ. CAUSE OF DEATH

23AR. OTHER SIGNIFICANT CONDITION OR UNDERLYING CONDITION LAST

23AS. DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Last, first)2. DATE
OF
DEATH3. PLACE OF DEATH
Baltimore City, Maryland

4. STATE

5. COUNTY

6. FULL NAME OF
INSTITUTION7. FULL NAME OF
LOCATION

8. CITY OR TOWN

9. STREET ADDRESS (If rural, give location)

10. SEX

11. COLOR OR RACE

12. MARRIED

13. WIDOWED DIVORCED

14. DATE OF BIRTH

15. BIRTHPLACE (Name of country)

16. BIRTHPLACE (Name of country)

17. FATHER'S NAME

18. SOCIAL SECURITY NO.

19. MAY DECEASED EXHIBIT U.S. ARMED FORCES

20. DATE OF DEATH

21. DATE OF DEATH

22. DATE OF DEATH

23. DATE OF DEATH

24. DATE OF DEATH

25. DATE OF DEATH

26. DATE OF DEATH

27. DATE OF DEATH

28. DATE OF DEATH

29. DATE OF DEATH

30. DATE OF DEATH

31. DATE OF DEATH

32. DATE OF DEATH

33. DATE OF DEATH

34. DATE OF DEATH

35. DATE OF DEATH

36. DATE OF DEATH

37. DATE OF DEATH

38. DATE OF DEATH

39. DATE OF DEATH

40. DATE OF DEATH

41. DATE OF DEATH

42. DATE OF DEATH

43. DATE OF DEATH

44. DATE OF DEATH

45. DATE OF DEATH

46. DATE OF DEATH

47. DATE OF DEATH

48. DATE OF DEATH

49. DATE OF DEATH

50. DATE OF DEATH

00 51 1353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1353
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EVELYN TULL		2. DATE OF DEATH February 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 17-01 D. STREET ADDRESS (If rural, give location) 661 W. Franklin Street	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-8-1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (in years last birthday) 47
13. FATHER'S NAME Charles Long		11. BIRTHPLACE (State or foreign country) md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) no.		12. CITIZEN OF WHAT COUNTRY? u.s.a.	
16. SOCIAL SECURITY NO. no.		14. MOTHER'S MAIDEN NAME Josephine ?	
17. INFORMANT George Tull - 443-Clifford St.		ADDRESS 443-Clifford St.	

18. **415X** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Rheumatic myocarditis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **7** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

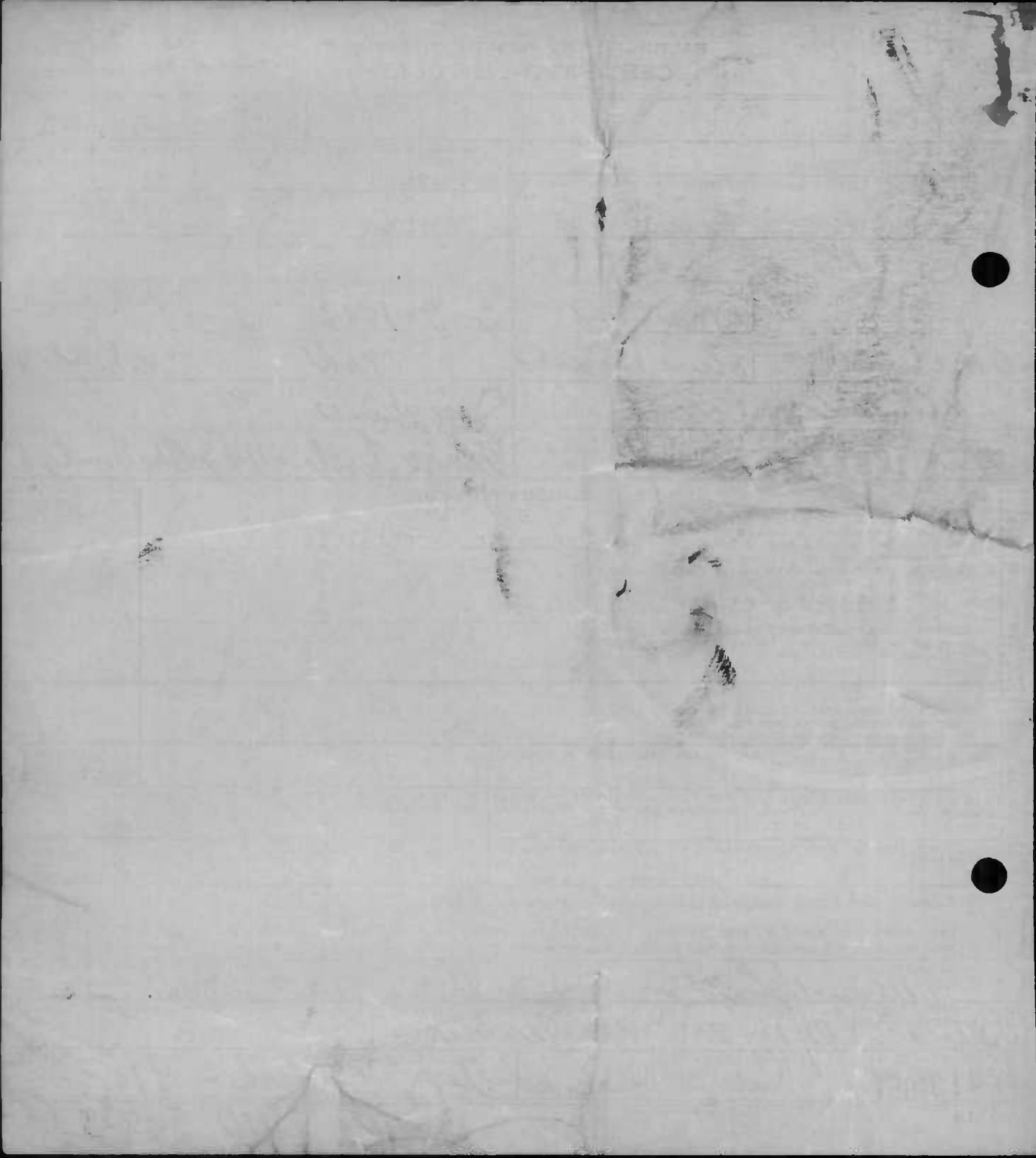
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William Upcott** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **Feb. 7, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2/12/51** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **FEB 13 1951** REGISTRAR'S SIGNATURE **W. H. Williams, M.D.** 25. FUNERAL DIRECTOR **A. Halestead - 918-1** ADDRESS **Derwick Hill Ave. 932**



51 1354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1354

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Murrell Miller, Sr.

2. DATE

OF

DEATH February 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1343 W. 41st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

1343 W. 41st Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 20, 1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Auto. Repairs & Tires

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

William Miller

14. MOTHER'S MAIDEN NAME

Manda Appleby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
213-03-6028

17. INFORMANT

ADDRESS

Mrs. Hattie M. Miller 1343 W. 41st Street

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1950 to 12-10, 1951, that I last saw the
deceased alive on 2-10, 1951, and that death occurred at 7:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13, 1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

Huntington Williams, M.D.

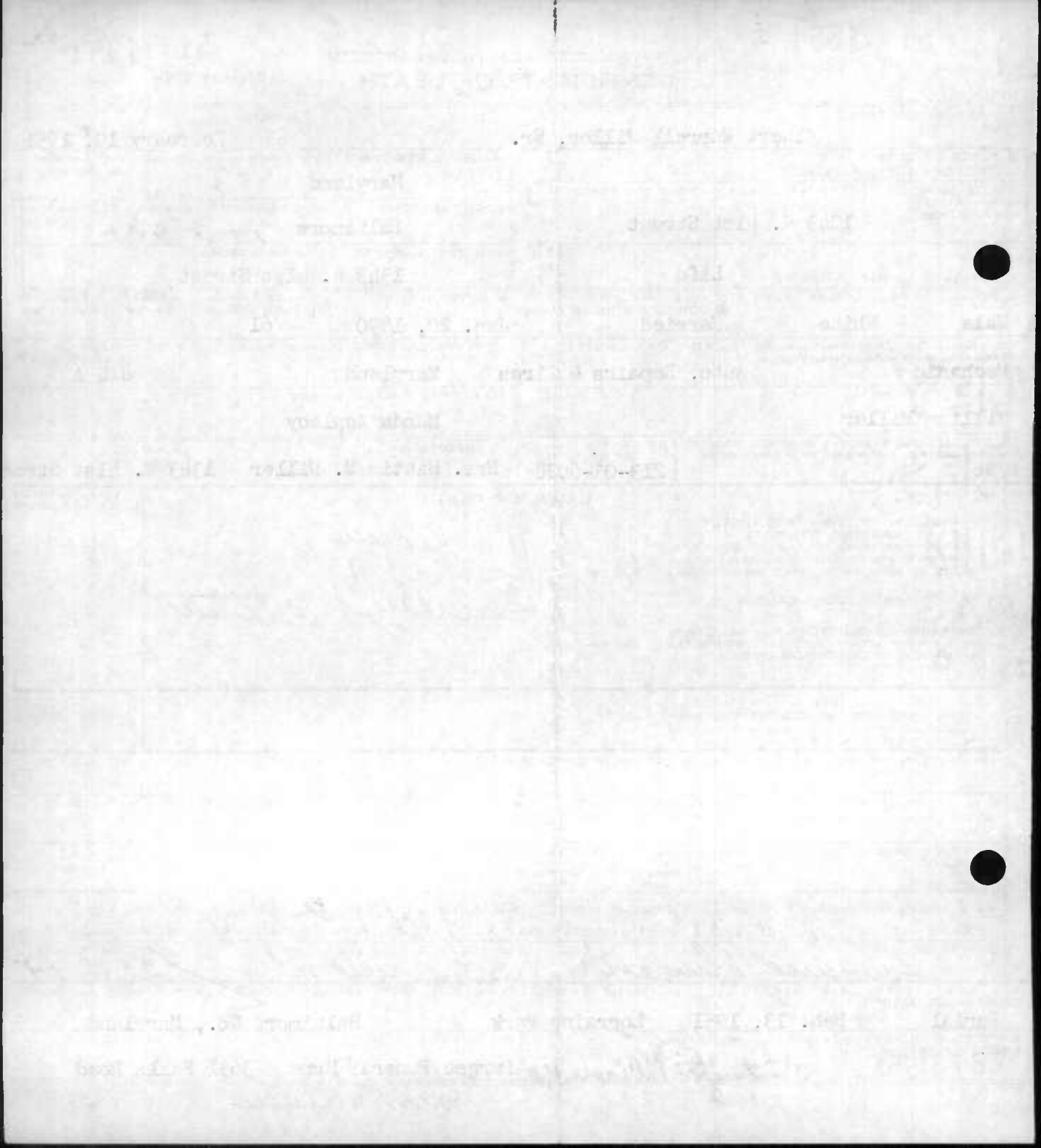
Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

VS 150

52a

MEDICAL CERTIFICATION



AB-113383

355 51 1355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1355
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Kathman

2. DATE
OF
DEATH

Feb. 3-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals (Infirmary)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

May 12-1887

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Kathman

(D)

14. MOTHER'S MAIDEN NAME

Wilhelmina Meyers

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

5hrs

ANTECEDENT CAUSES

DUE TO

Hypertensive Cardio vascular Disease

years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

General Arteriosclerosis

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27-1947, to 2-3-1951 that I last saw the
deceased alive on 2-3-1951 and that death occurred at 10:30AM from the causes and on the date stated above.

23A. SIGNATURE

G. B. Cohen

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

2-10-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

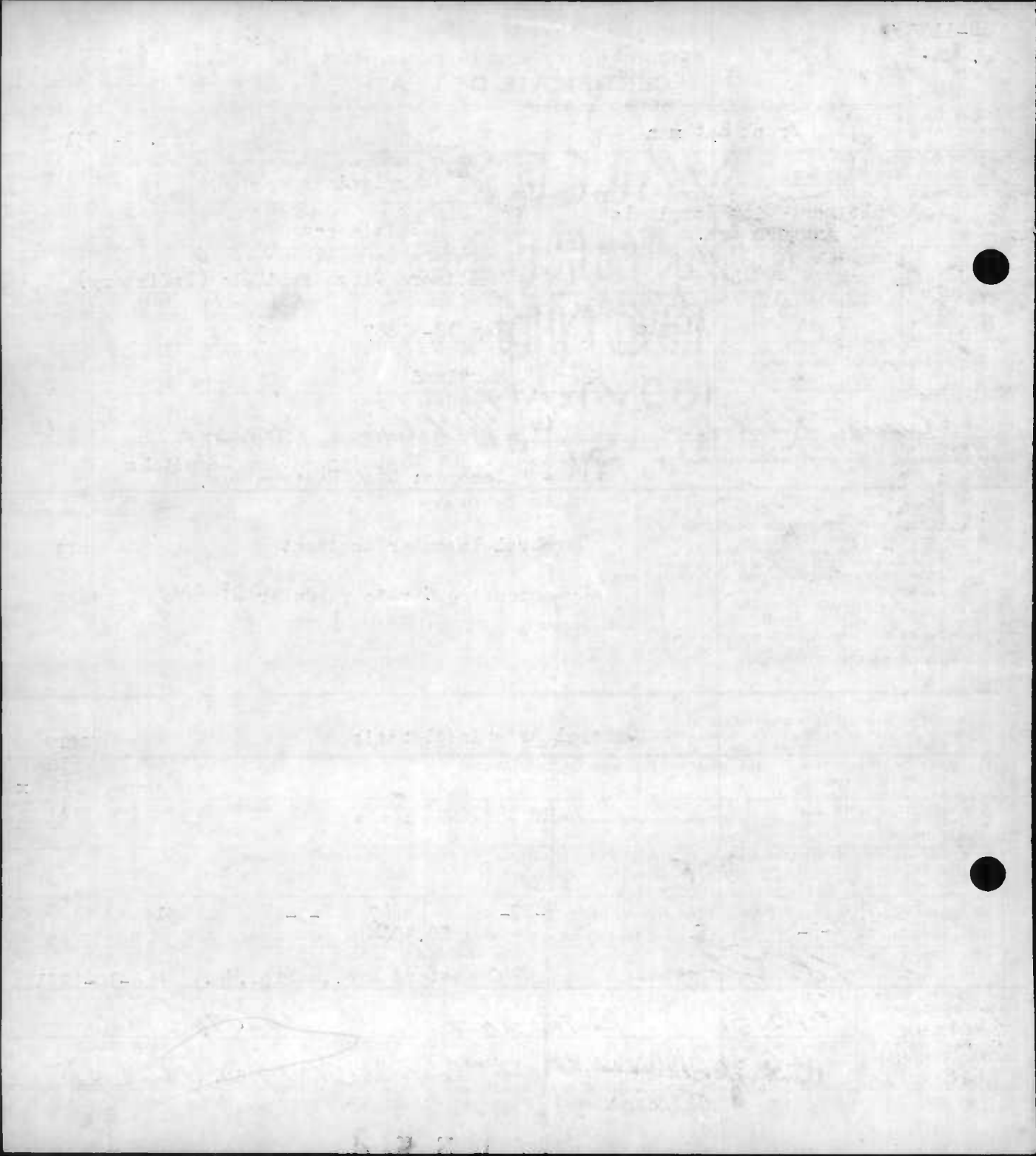
Huntington Williams, M.D.

42nd Cox Inc. 1217 St. Paul St.

VS 150

937

MEDICAL CERTIFICATION



536
51 1356

51 1356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ALFRED W. SNYDER		2. DATE OF DEATH Feb. 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1714 W. Lemmon St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1714 W. Lemmon St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 8, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Unemployed)		10B. KIND OF BUSINESS OR INDUSTRY U.S. Customs	
13. FATHER'S NAME Andrew Snyder		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Frederick H. Snyder, 2804 Evergreen Ave.		12. CITIZEN OF WHAT COUNTRY? _____	
14. MOTHER'S MAIDEN NAME Annie Hilmer		19. AGE (In years last birthday) 56 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial degeneration DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Paraplegia - obesity DUE TO (B) Hypertensive arteriosclerosis O. V. disease DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	INTERVAL BETWEEN ONSET AND DEATH 2 months 13 1/2 months
--	---

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **October**, 19**49**, to **Feb 11**, 19**51**, that I last saw the deceased alive on **Jan 4**, 19**51**, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE John F. Coalahan	23B. ADDRESS 4201 Waltham Ave	23C. DATE SIGNED 2/12/51
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/13/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. SIGNED BY DIRECTOR [Signature]	ADDRESS 1217 St Paul St
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VS 150

390 91

93D

MEDICAL CERTIFICATION

STATEMENT OF WORK
CENTRO DE OBTENCION

000-000000

255

51 1357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1357
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry E. Wiegman

2. DATE
OF
DEATH

Sep - 11 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

35 E. York St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 22-01D. STREET ADDRESS (If rural, give location)
35 E. York St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/12/1873

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bricklayer

10B. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Wiegman

14. MOTHER'S MAIDEN NAME

Annie (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

INFORMANT

David Wiegman Jr. 25027
Beverlywood Ave

18. 442 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension regressive

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Sep - 11, 1951, that I last saw the deceased alive on Sep - 10, 1951, and that death occurred at 9:10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

David S. Srauslin

M. D.

23B. ADDRESS

1224 See St

23C. DATE SIGNED

2/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave - Balto Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

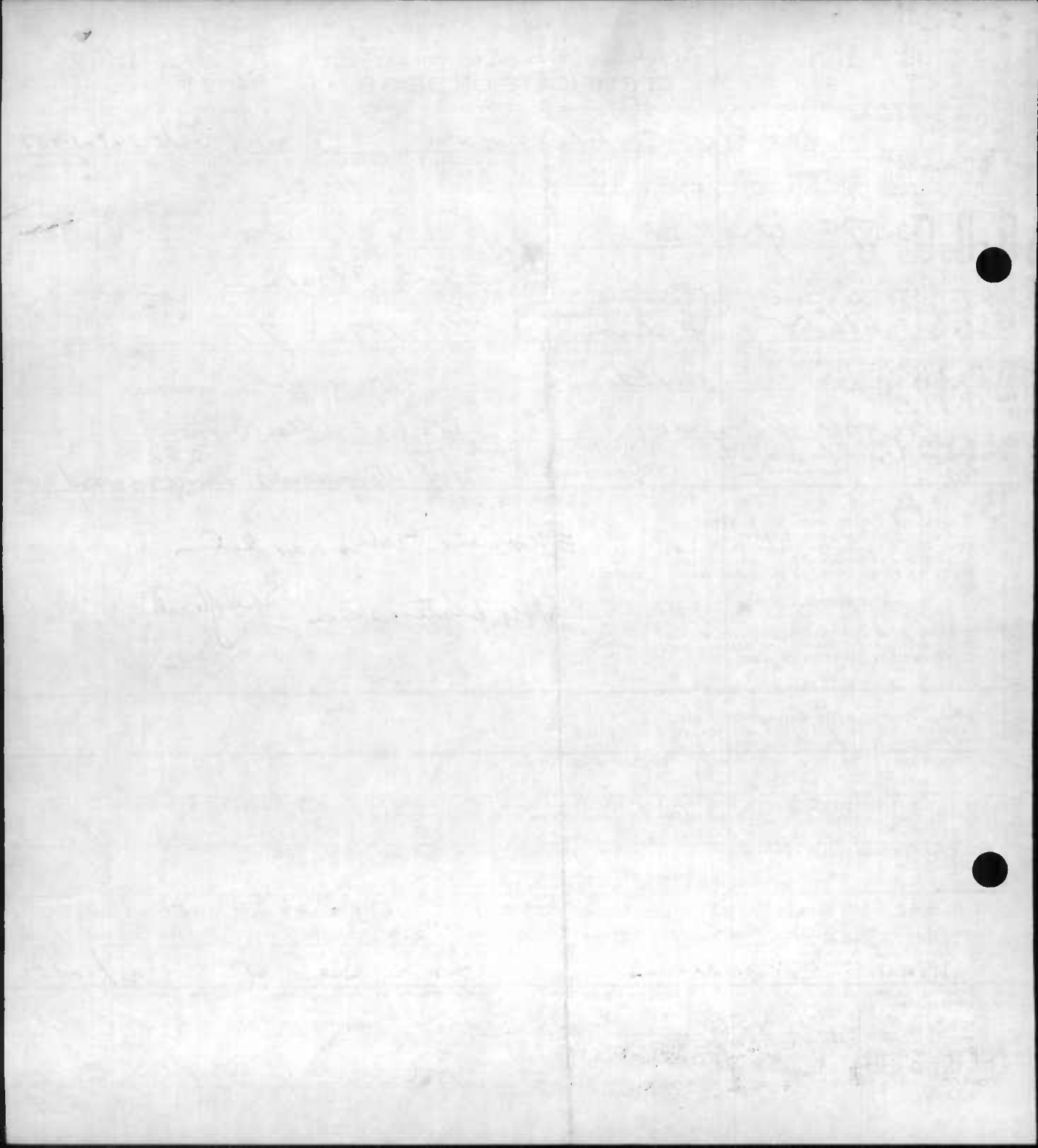
FEB 13 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. M. Cook Inc. 1217 St. Paul St



120

51 1358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1358
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY NOVAK

2. DATE
OF
DEATH

2-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Univ Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 25-65

D. STREET ADDRESS (If rural, give location)

1205 Gauge Court - Brooklyn

8. DATE OF BIRTH

about 1885

9. AGE (In years last birthday)

65-7

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel Sudie

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Albert Novak 1205 Gauge Ct. Brooklyn

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

Chronic Expiratory Emphysema

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cmts of Pancreas & Liver

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-51, 19, to 2-9-51, 19, that I last saw the deceased alive on 2-9-51, 19, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William H. Bannan

M. D.

23B. ADDRESS

Univ Hosp

23C. DATE SIGNED

2-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

FEB 13 1951

VS 150

357 131a

MEDICAL CERTIFICATION

WALL

OF THE

BOARD

OF THE

STATE

OF THE

STATE

OF THE

STATE

51 1359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1359
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRA CIARENCE ARGO

2. DATE
OF
DEATH

Feb. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

745 N. MILTON AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 7-02

D. STREET ADDRESS (If rural, give location)

745 N. MILTON AVE.

c. Length of stay in Baltimore

50 - Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

MAY 29, 1865

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hour: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

DELAWARE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALBERT H. ARGO

14. MOTHER'S MAIDEN NAME

SARAH E. DAVIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

ALBERT E. ARGO SR. 745 N. MILTON AVE.

18. 447X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atherosclerotic Cardiovascular
Renal Disease

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Myocardial Failure

2 days

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1951 to Feb. 10, 1951 that I last saw the
deceased alive on Feb 9, 1951, and that death occurred at 3:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Israel Rosen

M. D.

23B. ADDRESS

24138 Monument St

23C. DATE SIGNED

2/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Rural

24B. DATE

2-13-1951

24C. NAME OF CEMETERY OR CREMATORY

Cincinnati Avenue

24D. LOCATION (City, town, or county) (State)

Cincinnati

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Howard Strong 3207 N. North Ave.

FEB 13 1951

VS 150

131a

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Disease		Signature of Physician	
Signature of Registrar		Signature of Coroner		Signature of Medical Examiner		Signature of Police Officer		Signature of Burial Officer	
Signature of Undertaker		Signature of Funeral Home		Signature of Cemetery		Signature of Church		Signature of Other	

500
51 1360BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1360
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR

Hanna

2. DATE
OF
DEATH

2/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD.

B. COUNTY
BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

DUNDALK

D. STREET ADDRESS (If rural, give location)

6844 DUNBAR ROAD

5200

E. Length of stay in Baltimore

HOSPTEL. 12 hrs

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10/21/1902

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LOCO. ENGINEER

10B. KIND OF BUSINESS OR
INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

SPARROWS POINT, MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN HANNA

14. MOTHER'S MAIDEN NAME

ELIZABETH McBRIDE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

705-10-9372

17. INFORMANT

ADDRESS

LEONA HANNA, 6844 DUNBAR RD.

18. 470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Ac. myocardial infarct 12 hrs.
Arteriosclerotic ht-disease

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11 1951, to 2-11 1951, that I last saw the
deceased alive on 2-11 1951, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ruth Bleier

M. D.

23B. ADDRESS

Siuci

23C. DATE SIGNED

2-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/14/1951

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEM. PARK

24D. LOCATION (City, town, or county) (State)

BALTO.? MD

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 13 1951

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

Walter Brooks Bradley, Dundalk, Md.

VS 150

54150

937

MEDICAL CERTIFICATION

12/1/53

21

0/51/15/0

12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

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12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

12/1/53

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (ANGELINE DE-LIBERA) ANGELINA DEL LABERIA		2. DATE OF DEATH February 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lansdowne	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 3018 Hoffman Avenue 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 8, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LATHE OPERATOR		10B. KIND OF BUSINESS OR INDUSTRY PISTON RING MFR.	9. AGE (In years last birthday) 36 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) ITALY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME SETTIMIO TOPAZIO		14. MOTHER'S MAIDEN NAME ALBARSA MORLACCI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 257-814-0446	
		17. INFORMANT JENNE FOLIO - BOX 80 ADDRESS HOPEDALE, OHIO	

18. E816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hanover Street near Hanover St. Drawbridge
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 11, 1951 11:20 P.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Auto and truck collision Deceased was passenger in truck 23/3

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley B. Dunbar</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Feb. 12, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2/16/51	24C. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	24D. LOCATION (City, town, or county) (State) HOPEDALE, OHIO

DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1951	REGISTRAR'S SIGNATURE <i>Walter Brooks Bradley</i>	25. FUNERAL DIRECTOR Walter Brooks Bradley	ADDRESS
--	---	--	---------

VS 151
N-803.2 6903L 170C

MEDICAL CERTIFICATION

51 1362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1362

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET R. SWAN

2. DATE
OF
DEATH

Feb. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2401 Ellamont St.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 17, 1894

9. AGE (In years
last birthday)

56

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Livey

14. MOTHER'S MAIDEN NAME

Margaret Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Charles M. Swan - 2401 Ellamont St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of urethra
c metastases

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1950, to Feb 12, 1951, that I last saw the
deceased alive on Feb 12, 1951, and that death occurred at 3:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

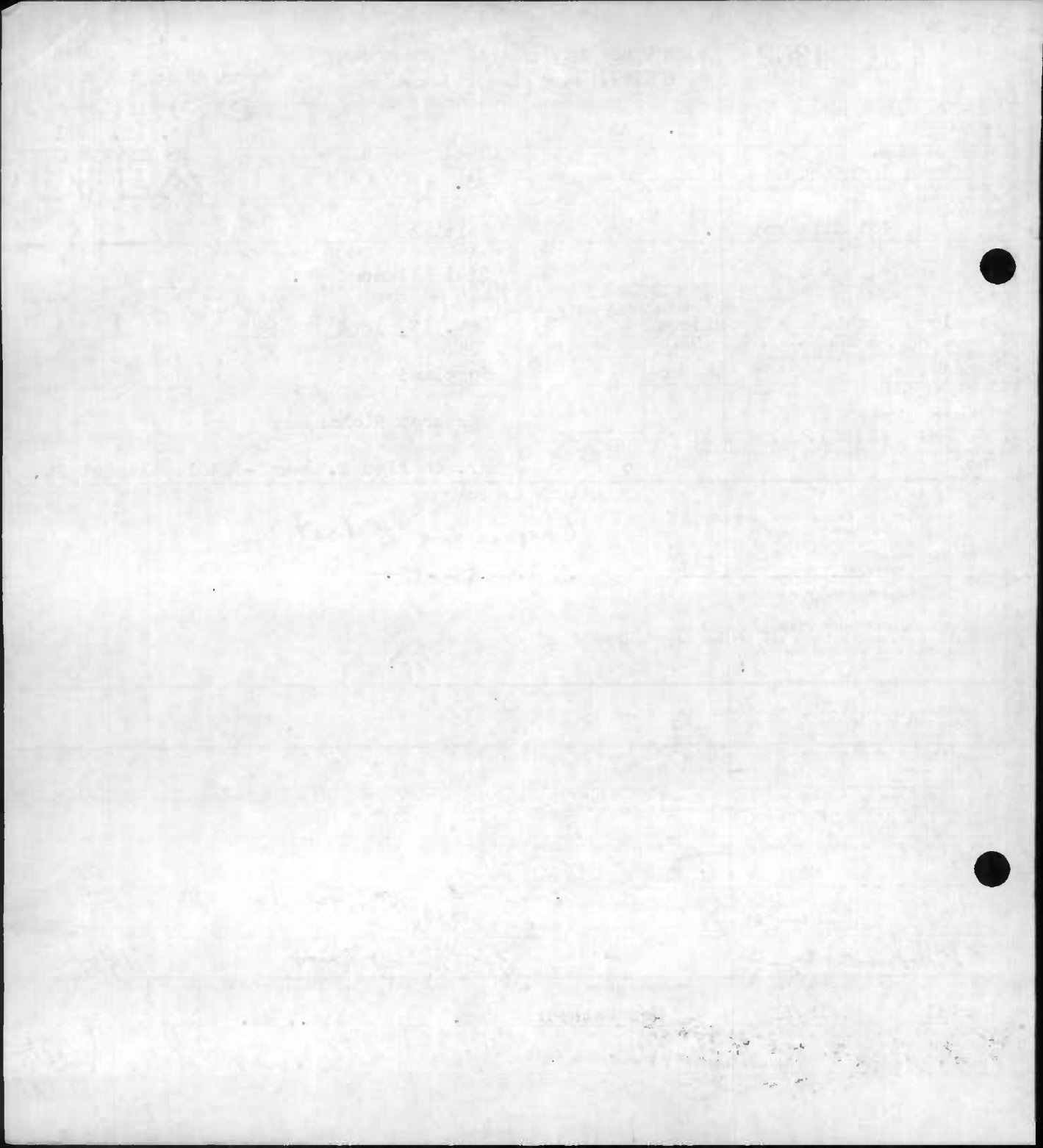
Huntington Williams, Md.

Jm. J. Dickener & Sons - Balto Md.

VS 150

(M. P. Byerly)

52c



500
51 1363BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1363
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter G. Heim

2. DATE
OF
DEATH

Feb-11-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Home for Incurables 700 W 40th St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Keswick & 40th

13-07

5. SEX

Male

6. COLOR or RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 28-1876

9. AGE (In years
last birthday)

74

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

President (Rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Wholesale Hardware

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles G. Heim

14. MOTHER'S MAIDEN NAME

Elizabeth Nicodemus

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Mary B. Heim - 2615 N. Charles St.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1 Hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Old Right Hemiplegia

13 years

DUE TO

(C)

Arteriosclerosis Hemiplegia

13 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1947, to Feb. 11, 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Gustaf Harsperger

M. D.

23B. ADDRESS

214 Medical Bldg Building

23C. DATE SIGNED

February 18, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

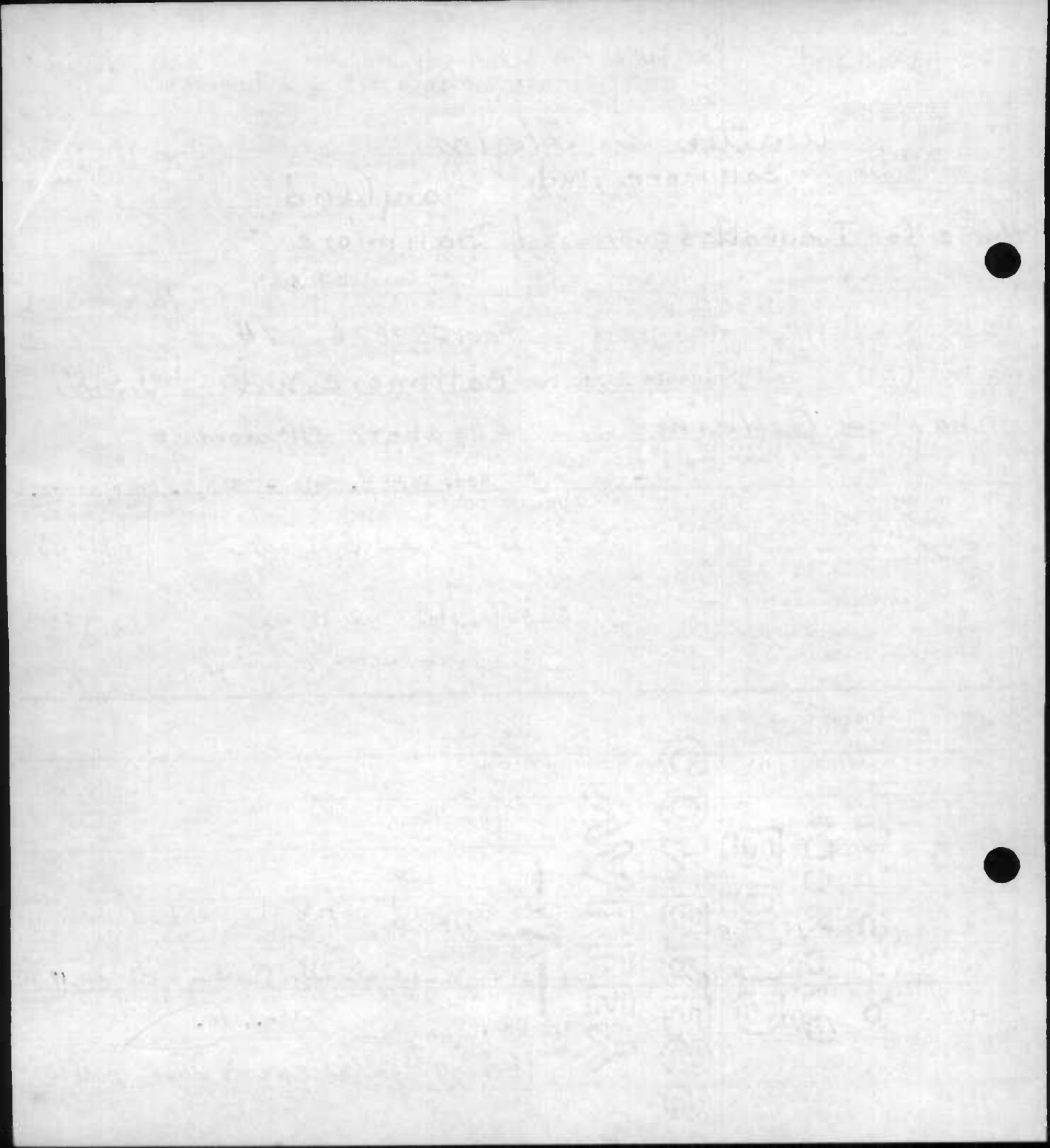
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thos. J. Tiekner & Sons - Balto Md.



425
51 1364BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1364
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Margaret R. Mullican</u>			2. DATE OF DEATH <u>2-12-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>38 Univ. Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>16-06</u>		
Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>3016 Edmondson Ave.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar. 17, 1875</u>	9. AGE (In years last birthday) <u>75</u>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Md.</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Jeremiah Kleinsalter</u>			14. MOTHER'S MAIDEN NAME <u>Jane Anderson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mr. Clarence M. Mullican</u>			ADDRESS <u>3016 Edmondson Ave.</u>		

18. <u>450.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) <u>Pneumonitis, Sepsis with Cardiac Failure</u> DUE TO	<u>3 mos</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Arteriosclerosis, Atrial Fibrillation</u> DUE TO	
	(C) <u>Renal Failure</u> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-11</u> , 19 <u>51</u> , to <u>2-12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-12</u> , 19 <u>51</u> , and that death occurred at <u>4:30</u> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <u>Arthur Stogge</u>		23B. ADDRESS <u>Univ. Hosp</u>		23C. DATE SIGNED <u>2-12-51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/15/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>		25. FUNERAL DIRECTOR <u>Wm. J. Tickener & Sons</u>		ADDRESS <u>Balto Md.</u>	

FEB 13 1951

VS 150

109

1



455
51 1365COLEMAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1365
Registered No. 2-11-51

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM EMMETT COLEMAN

2. DATE
OF
DEATH

2/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

PROVIDENT HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 14-03

D. STREET ADDRESS (If rural, give location)

2026 MADISON AVE

Length of stay in Baltimore

30

Yrs
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1893

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SMOKER

10B. KIND OF BUSINESS OR
INDUSTRY

INSURANCE

13. FATHER'S NAME

WILLIAM COLEMAN

14. MOTHER'S MAIDEN NAME

GEORGIANNA GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HABEE COLEMAN 2026 MADISON AVE

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

PULMONARY EDEMA

12 HRS

DUE TO

POST OPERATIVE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

INTESTINAL OBSTRUCTION

48 HRS

(C)

CARCINOMA OF SIGMOID COLON

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/20/51

19B. MAJOR FINDINGS OF OPERATION

CA OF SIGMOID
INT. OBSTRUCTION (MECHANICAL)

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1951, to 2/22, 1951, that I last saw the
deceased alive on 2/22, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

I. B. Higgins / Recorder

M. D.

23B. ADDRESS

2243 Madison Ave

23C. DATE SIGNED

2/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-15-51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

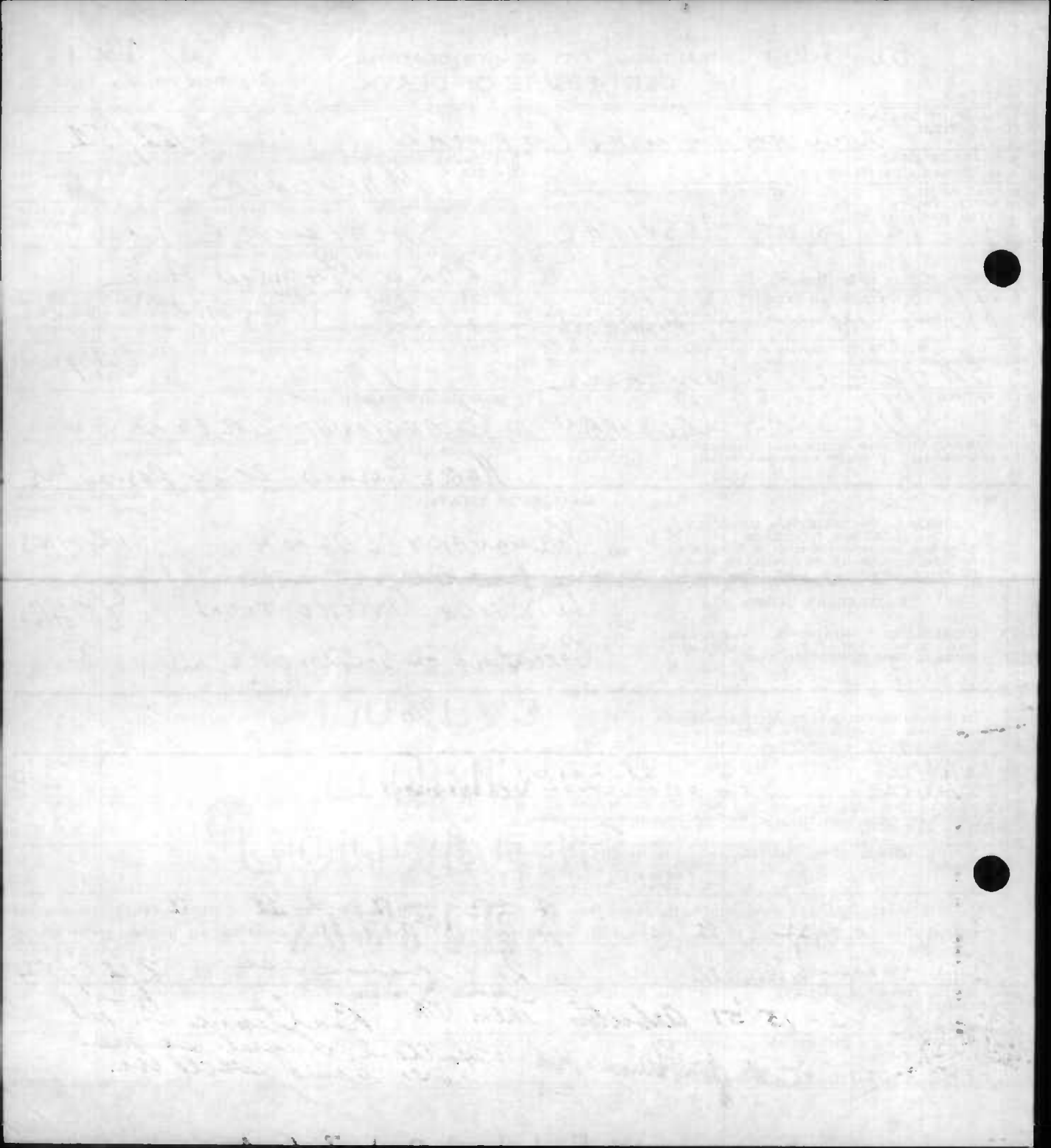
Holland Funeral Home
1651 N. Main St. Baltimore, Md.

VS 150

45073

46E

MEDICAL CERTIFICATION



114
51 1366

ROLAND DOLFIELD

BALTIMORE CITY HEALTH DEPARTMENT

51 1366
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Roland Dolfield</i>			2. DATE OF DEATH <i>2/10/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Community Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 11-04</i>		
D. STREET ADDRESS (If rural, give location) <i>341 Dolphin St. DOLPHIN</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH		9. AGE (In years last birthday) <i>42</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>wood caller</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>C.R.</i>		11. BIRTHPLACE (State or foreign country) <i>Va</i>
13. FATHER'S NAME <i>Robert</i>			14. MOTHER'S MAIDEN NAME <i>Minah Brown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>215-09-0149</i>		
17. INFORMANT			ADDRESS		

18. <i>023X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) <i>Syphilitic Aortitis & Pericarditis</i> DUE TO (B) <i>Insufficiency - Pulmonary</i> DUE TO (C) <i>Edema</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2/15/51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/3/51*, 19__, to *2/10/51*, 19__, that I last saw the deceased alive on *2/10/51*, 19__, and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph B. Brown</i>	23B. ADDRESS <i>Community Hospital Balto Md</i>	23C. DATE SIGNED <i>2/11/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Feb. 15/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>Feb 13 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md</i>	25. FUNERAL DIRECTOR <i>Va Brooks</i>	ADDRESS <i>14637 N. Carey</i>
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690 50

307

10/10/11

252
51 1367

51 1367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Sclande Mickens</i>		2. DATE OF DEATH <i>Feb. 7-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>424 Worsley St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Prince Georges</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>[Redacted]</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18, Md.</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>424 Worsley St. 1504</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>June 12, 1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labour</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hand Carver</i>	9. AGE (In years last birthday) <i>50</i>
11. BIRTHPLACE (State or foreign country) <i>Danvers, Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Richard Mickens.</i>		14. MOTHER'S MAIDEN NAME <i>Mary Burrell.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT		ADDRESS	

18. <i>154X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Rectum?</i> DUE TO	CAUSE OF DEATH <i>Carcinoma of Rectum?</i> (A) _____ (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 1, 1951* to *Feb. 7, 1951*, that I last saw the deceased alive on *Feb 7, 1951*, and that death occurred at *748 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>403 Med Arts Bldg</i>	23C. DATE SIGNED <i>Feb 7 1951</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 13, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt. Zion</i>	24D. LOCATION (City, town, or county) (State) <i>Landsdowne, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	ADDRESS <i>322 N. Schenck</i>

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452
51 1368BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1368
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Belle Tyson. Williams

2. DATE OF DEATH
February 8, 19573. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

860 W. Fayette St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 18-01C. Length of stay in Baltimore
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
860 W. Fayette St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 28, 1910

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Raleigh, N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Calvin Griffin.

14. MOTHER'S MAIDEN NAME

Bettie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Lottie Coffield (daughter) 1060 W. Fayette

18. 432X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Pericarditis & Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Feb 8, 1957, that I last saw the deceased alive on Feb 1, 1957, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John B. Stewart

M. D.

23B. ADDRESS

692 Franklin St

23C. DATE SIGNED

Feb 12-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 13, 1957

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St

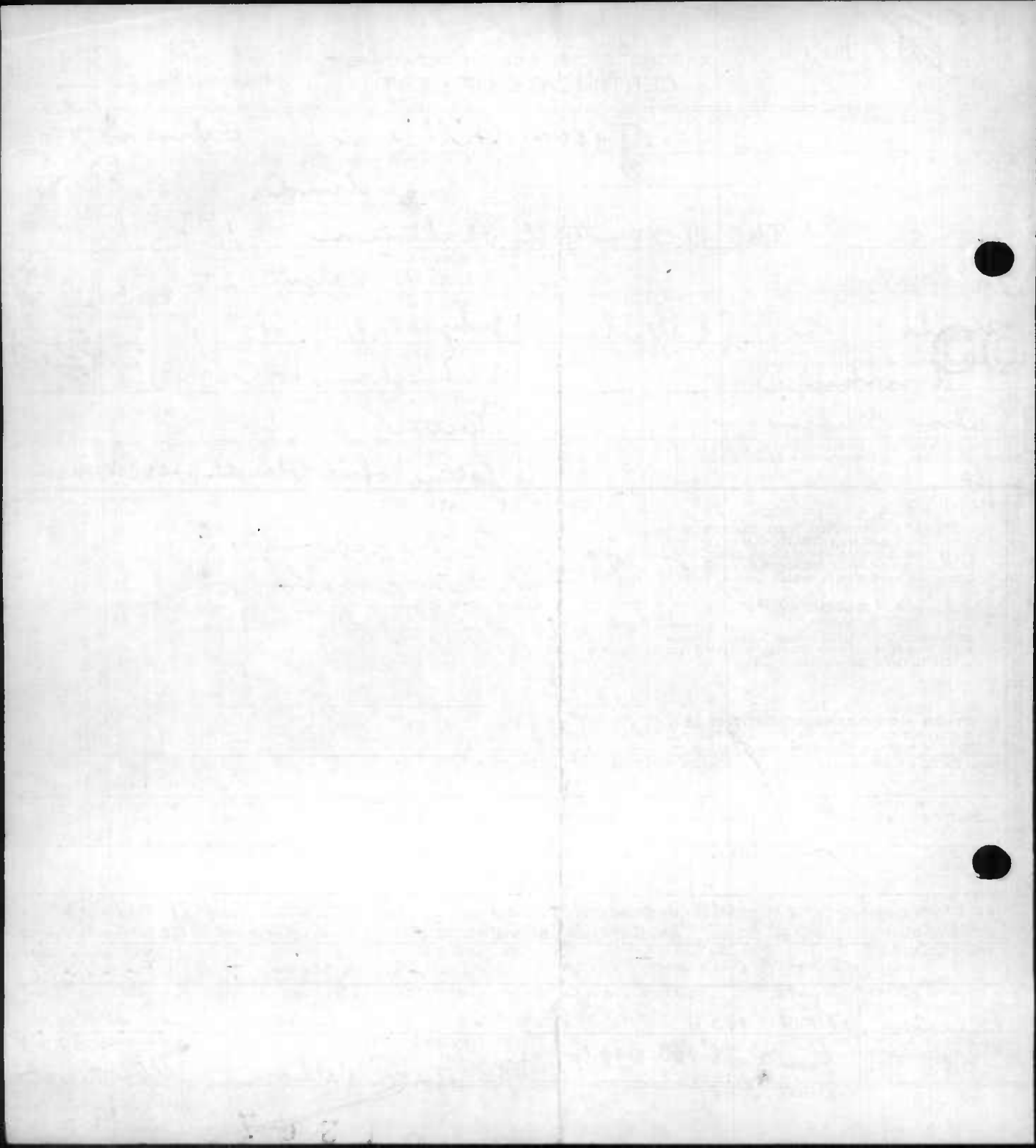
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700 8A

367

90B

MEDICAL CERTIFICATION



30
51 1369BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 1369

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES E. SMITH

2. DATE
OF
DEATH

2/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

40 St. Agnes Hospital

C. Length of stay in Baltimore 35 days

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE CATONSVILLE

D. STREET ADDRESS (If rural, give location)

1303 FREDERICK Rd #28530

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MALE WHITE

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED-30 yrs

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Candy

13. FATHER'S NAME

DR. BENJAMIN L. Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lieut. Col. Wm. S. Smith 1303 Fred. Rd. Catonsville, Md.

18. 153X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Adeno-Carcinoma of ascending
Colon (Hypertic - Flexural);
metastasis to regional lymph
nodes; Cholelithiasis
(B) Heart Failure; Terminal
Pneumonia & Embolus
(C)INTERVAL BETWEEN
ONSET AND DEATH

1-7-51

2-12-51

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-24-51

19B. MAJOR FINDINGS OF OPERATION:-

Intestinal Obstruction (Large Bowel)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1951, to 2-12, 1951, that I last saw the deceased alive on 2-12, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Smith M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-14-1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Fred. Ave. Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

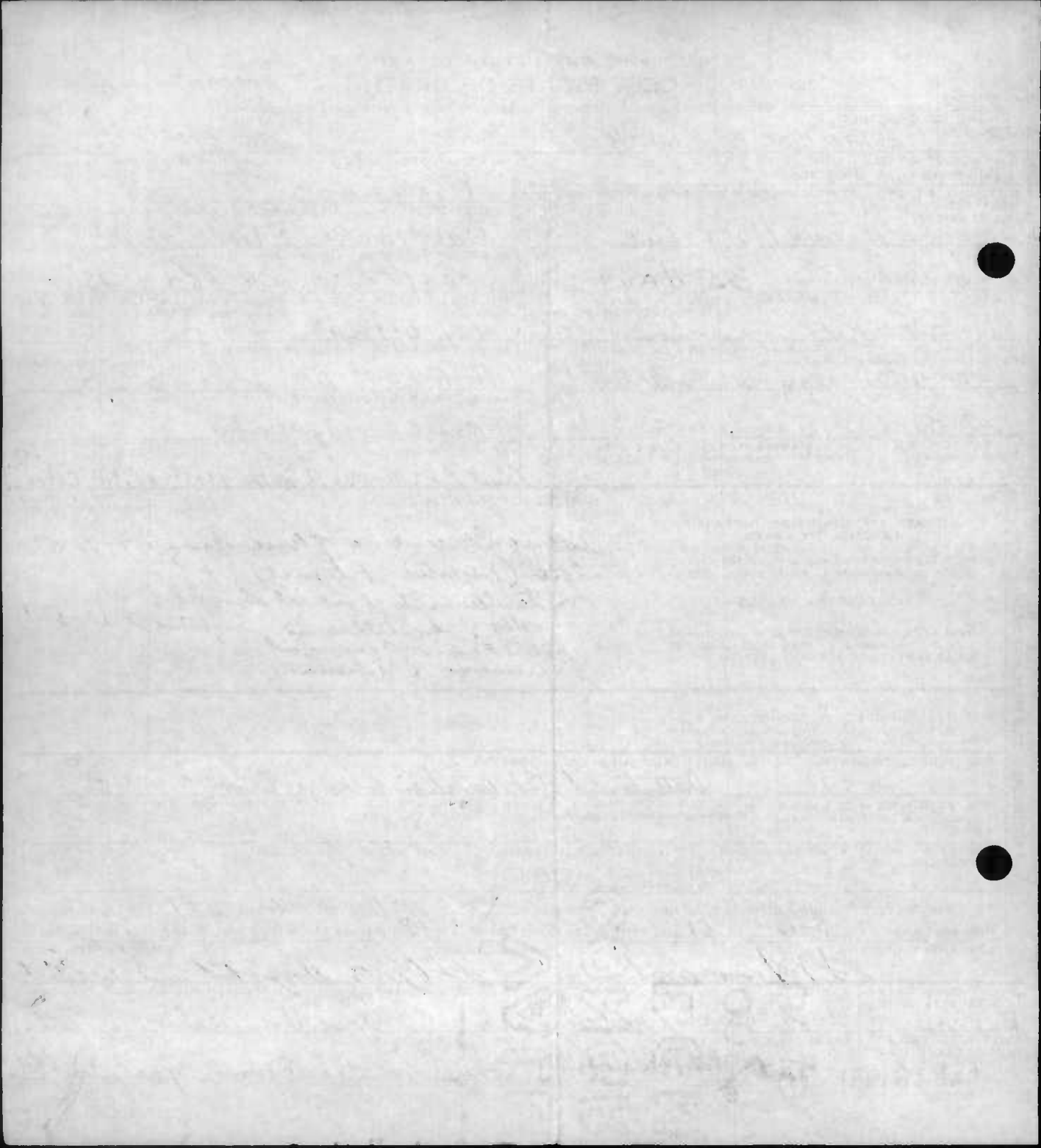
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons 1900 Cutaw Pl.



320 51 1370

A COATES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1370
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emma A Coates</i>		2. DATE OF DEATH <i>2/10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>15-04</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1909 Clifton Ave</i>		C. CITY OR TOWN <i>Chesapeake</i> (If outside corporate limits, write RURAL and give township)	
6. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>1909 Clifton 1909 CLIFTON AVE</i>	
5. SEX <i>7</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>5/18/1878</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dress maker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>SELF</i>	
13. FATHER'S NAME <i>James Cephas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>md</i>	
17. INFORMANT <i>Bertha Green</i>		ADDRESS <i>1909 Clifton Ave</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Arteriosclerosis</i>	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DUE TO	
(B) DUE TO	
(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *2/3*, *1951*, to *2/10*, *1951*, that I last saw the deceased alive on *2/10*, *1951*, and that death occurred at *8* p. m., from the causes and on the date stated above.

23A. SIGNATURE *Burkhardt* M. D. *2134 Dwyer St. E* 23B. ADDRESS *2134 Dwyer St. E* 23C. DATE SIGNED *2/10-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>2/13/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>md</i>	
---	--	--------------------------	--	--	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR *FEB 13 1951* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Geo. H. Kelson* ADDRESS *1303*

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	

365
51. 1371BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51. 1371

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Oliver Strand

2. DATE
OF
DEATH

2/9/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1821 Little Walsh St.

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salvage

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1821 Little Walsh St.

8. DATE OF BIRTH

8/12/1895

9. AGE (In years last birthday)

55

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Lusie Drummond

17. INFORMANT

Oliver Strand

ADDRESS

1821 Little Walsh St.

18. 422.2 and 011X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Pt II

(A)

DUE TO

Tubercular Rectal Fistulas

ANTECEDENT CAUSES

Part II

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

I

(C)

Chronic Gastritis

Chronic myocarditis

Severe cardiac condition

(over)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-1951, to 5-9-1951, that I last saw the deceased alive on 2-9-1951, and that death occurred at 10:41 m., from the causes and on the date stated above.

23A. SIGNATURE

Wm R Boykin

M. D.

23B. ADDRESS

1133 N. Monroe St

23C. DATE SIGNED

2-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/51

24C. NAME OF CEMETERY OR CREMATORY

Balto Nat

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Taylor Williams

25. FUNERAL DIRECTOR

Geo. H. Nelson

ADDRESS

210

FEB 13 1951

VS 150

97099

1303 Pressman

St.

MEDICAL CERTIFICATION

DO NOT COPY
(For statistical purposes only)

See Document File 51-1371 for Memo from Dr. Silverman, Director
Tuberculosis Bureau, B.C.H.D.

3/9/51 ES

also
letter from Dr. Wm. R. Boykin
3/13/51

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Mason

2. DATE
OF
DEATH

11th

2-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Prov. Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1315 Mosher St

Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subdural and Subarachnoid

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hemorrhage

DUE TO

(C) Fracture Rt. Femur

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Fremont Avenue & Mosher Street

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Feb. 10, 1951 8:55 P. m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

Pd. Struck by Auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

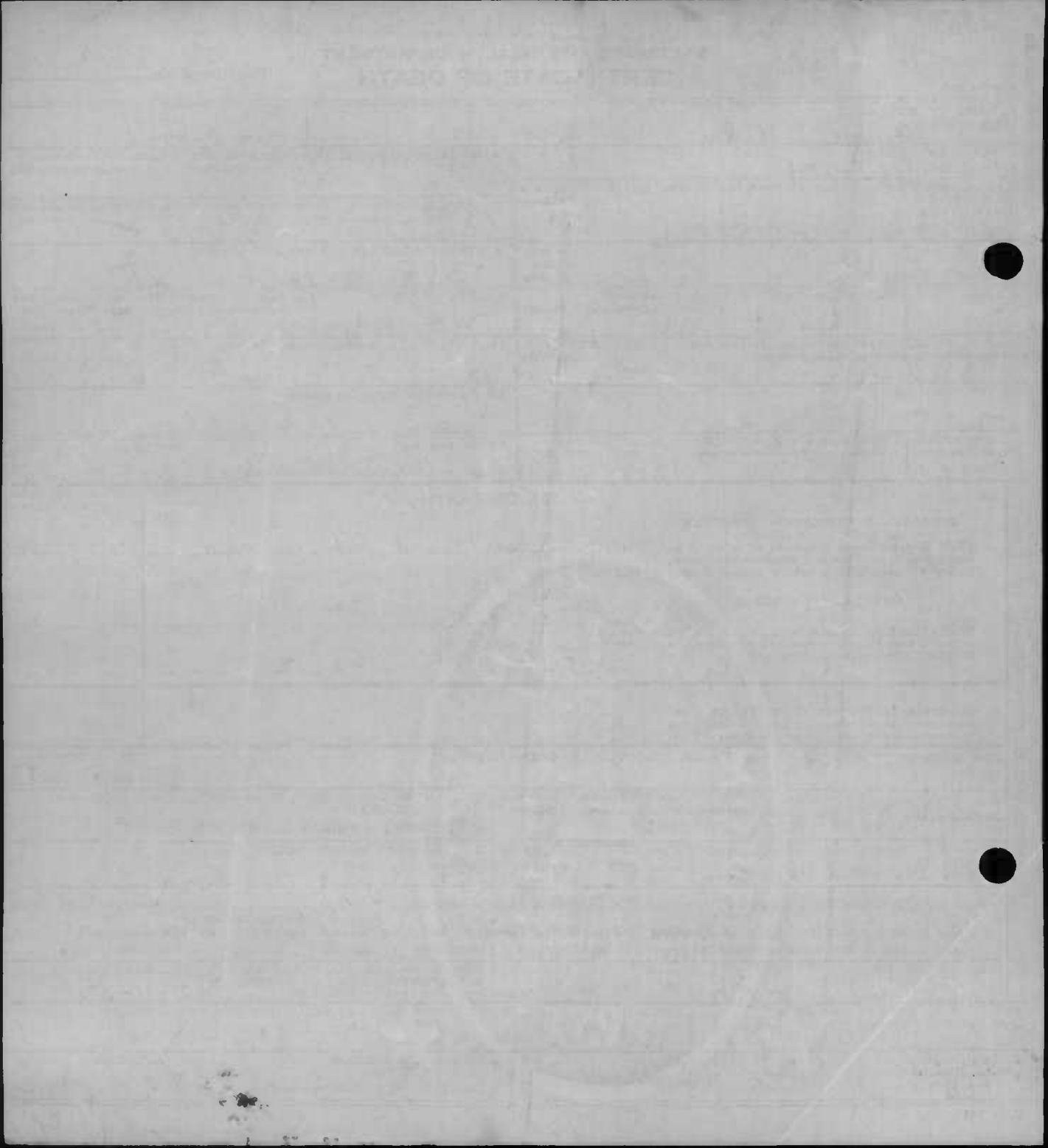
VS 151

N-854.0

92099

Bresstman

MEDICAL CERTIFICATION



250
LC 145282

51 1373 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1373

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Joseph McKamey			2. DATE OF DEATH Jan 24 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Washington D.C. B. COUNTY V-48		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1503 7th Street N.W.		
5. SEX Male			6. COLOR OR RACE Negro		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH 1895		
9. AGE (In years last birthday) 56			10. Under 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10B. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Harry			14. MOTHER'S MAIDEN NAME Betty		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease		

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

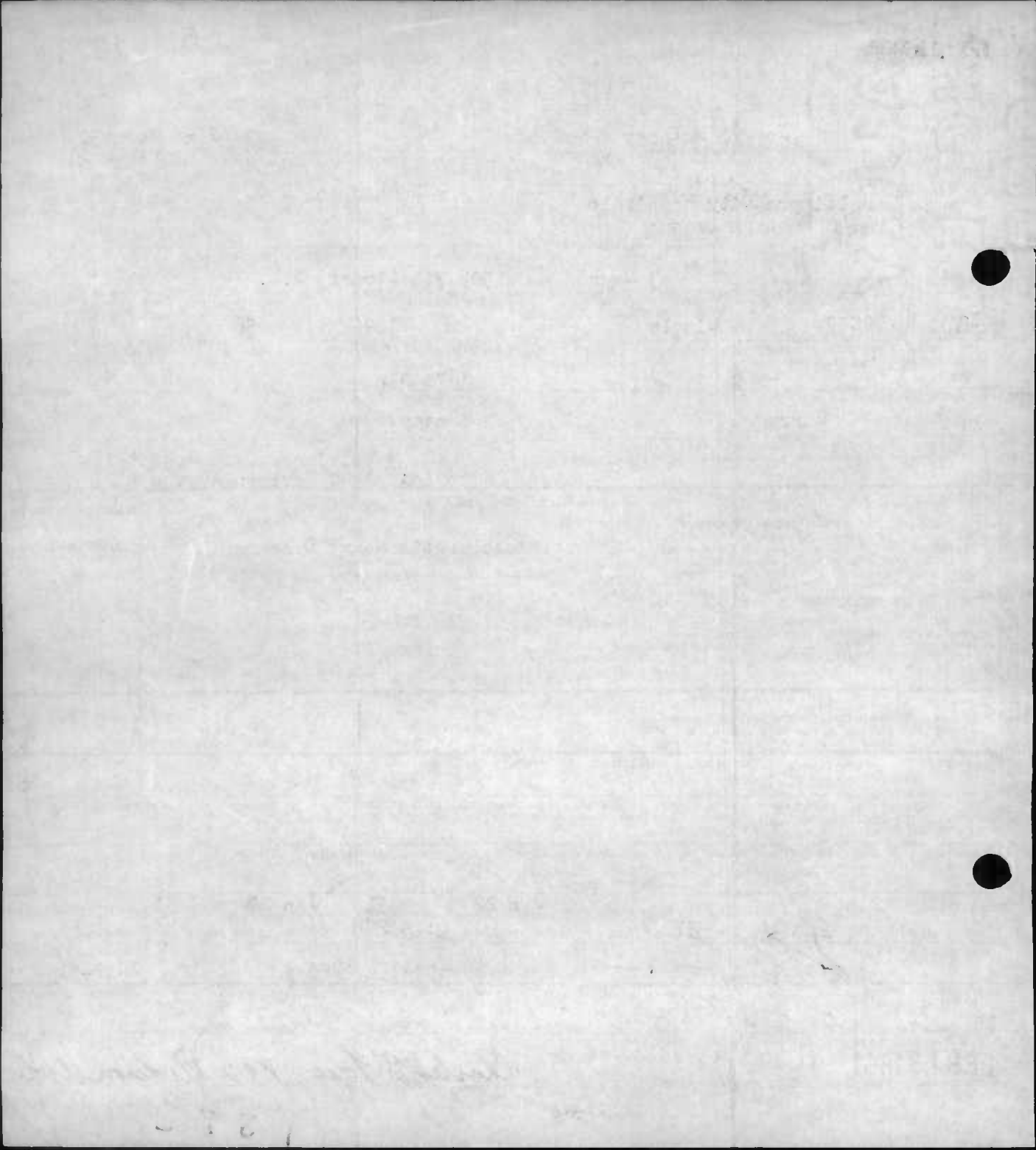
(A) _____
(B) _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 22 , 19 51 to Jan 24 , 19 51 , that I last saw the deceased alive on Jan 24 , 19 51 and that death occurred at 4:15 PM from the causes and on the date stated above.					
23A. SIGNATURE [Signature] M. O.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-12-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-13-51		24C. NAME OF CEMETERY OR CREMATORY Balto. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Charles R. Law		ADDRESS 802 Madison Ave.	

VS 150
Held at Hospital waiting for V.A. to claim & Burial
1951 937



436
51 1374BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1374
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William H. Eldridge</i>		2. DATE OF DEATH <i>FEB 10 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2. S. Gilmore St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-04</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2-S-Gilmore St</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>APR-23-1966</i>	9. AGE (In years last birthday) <i>84</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Elevator Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Pittsburg Glass Co</i>		11. BIRTHPLACE (State or foreign country) <i>MASS.</i>	
13. FATHER'S NAME <i>William Eldridge</i>		16. SOCIAL SECURITY NO. <i>818-09-2207</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		17. INFORMANT <i>Ernestina S. Eldridge</i>		ADDRESS <i>- same</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Hypertension</i> <i>Cerebral Hemorrhage</i> <i>Pneumonia</i> DUE TO <i>Antecedent Causes</i> DUE TO <i>Other Significant Conditions Contributing to the Death, but not related to the disease or condition causing it.</i>		CAUSE OF DEATH <i>Hypertension</i> <i>Cerebral Hemorrhage</i> <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 10</i> , 19 <i>40</i> , to <i>Feb 11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Feb 4</i> , 19 <i>51</i> and that death occurred at <i>10:30 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William H. Eldridge</i>		23B. ADDRESS <i>1424 W Fayette St</i>		23C. DATE SIGNED <i>2/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>FEB-13-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	
24D. LOCATION (City, town, or county) <i>Bolton - Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>F. B. Wipperfurth</i>		24H. ADDRESS <i>Box 1500 Citaw Place</i>		24I. VS 150	

MEDICAL CERTIFICATION

83a 17

CERTIFICATE OF DEATH

My name is _____
and I am _____
of _____

On _____ day of _____
at _____
I am _____
and I am _____
and I am _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **Martha Beard.**

2. DATE OF DEATH **February 12, 1951**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **G.O.R.**

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE **md.** B. COUNTY **Baltimore**

5. FULL NAME OF HOSPITAL OR INSTITUTION **JOHNS HOPKINS HOSPITAL**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Reisterstown

7. STREET ADDRESS (If rural, give location)
5300

8. Length of stay in Baltimore
Yrs. Mos. Days

9. SEX **Female** 10. COLOR OR RACE **Colored** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married**

12. B. DATE OF BIRTH **11-21-13** 13. AGE (In years last birthday) **37** 14. If Under 1 Year Months: Days 15. If Under 24 Hours Hours: Min.

16. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 17. 10B. KIND OF BUSINESS OR INDUSTRY

18. 11. BIRTHPLACE (State or foreign country) **Balto. Co** 19. 12. CITIZEN OF WHAT COUNTRY? **md.**

20. 13. FATHER'S NAME **William Williams** 21. 14. MOTHER'S MAIDEN NAME **Pearl Neal**

22. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 23. 16. SOCIAL SECURITY NO.

24. 17. INFORMANT **JOHNS HOPKINS HOSPITAL** ADDRESS

18. **540.0 I** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gastro-intestinal hemorrhage, post-operative**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH **12 hrs**

ANTECEDENT CAUSES

(B) **Gastric ulcer**

DUE TO

(C) **5 mos**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **2/12/51** 19B. MAJOR FINDINGS OF OPERATION **Gastro-intestinal hemorrhage** 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-8**, 1951, to **2-12**, 1951, that I last saw the deceased alive on **2-12**, 1951, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **James Carroll** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **2/13/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Buried** 24B. DATE **Feb. 15, 51** 24C. NAME OF CEMETERY OR CREMATORY **Piney Grove** 24D. LOCATION (City, town, or county) (State) **Baltimore Co**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 13 1951** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **J. F. Elmer Sons Reisterstown Md** ADDRESS

NOT A MEDICAL EXAMINER'S CASE

William H. Wood M.D.
CHIEF OR ASST. MEDICAL EXAMINER

*

51 1377

FOWLKES BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 1377
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Selma Fowlkes

2. DATE
OF
DEATH

Feb. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1009 Rutland Ave

C. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer Bethlehem Steel Co

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Sandy Fowlkes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Aug. 3, 1889

9. AGE (In years last birthday)

61

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Bunkville Va

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Matha Bouldin

17. INFORMANT

ADDRESS

Louise Fowlkes 1009 Rutland

CAUSE OF DEATH

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pneumonia (hypostatic)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(Bed confinement) and Dementia

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertension, Chronic Kidney Disease, Mitral insufficiency, Arteriosclerosis

2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1951, to Feb 10, 1951, that I last saw the deceased alive on Feb 9, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1424 E. Monument St

23C. DATE SIGNED

2/12/51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

Feb 13/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

A. A. County Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs Robert A. Elliott & Son

1129 N. Caroline St

VS 150

9703U

1129 N. Caroline St

MEDICAL CERTIFICATION

WALTER

CERTIFICATE OF DEATH

1000 South Main Street, New York, N.Y.

Age 60 years

Married (widow)

Occupation: Clerk

Place of Birth: New York, N.Y.

Signature of Deceased: Walter

Witness (left side)

Witness (right side)

Signature of Deceased

Witness (right side)

1000 South Main Street, New York, N.Y.

1000 South Main Street, New York, N.Y.

1000 South Main Street, New York, N.Y.

1000 South Main Street, New York, N.Y.

1000 South Main Street, New York, N.Y.

51 1378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1378
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DERR, GEORGE Francis

2. DATE
OF
DEATH

2/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Caroline - Oliver

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

ST. JOSEPH'S HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

27-44

D. STREET ADDRESS (If rural, give location)

3504 GIBBONS AVE.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

8. DATE OF BIRTH

6/28/1880

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

Tractor

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George F. Derr

14. MOTHER'S MAIDEN NAME

Louise Mainz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

219-03-4250

17. INFORMANT

(WIFE) Patricia W-3504 GIBBONS AVE

ADDRESS

18. 443X

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) MASSIVE INTRAVENTRICULAR
HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 HRS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1951, to 2/11, 1951, that I last saw the
deceased alive on 2/11, 1951, and that death occurred at 640 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. May

23B. ADDRESS

M. D.

St. Joseph's Hospital

23C. DATE SIGNED

2/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

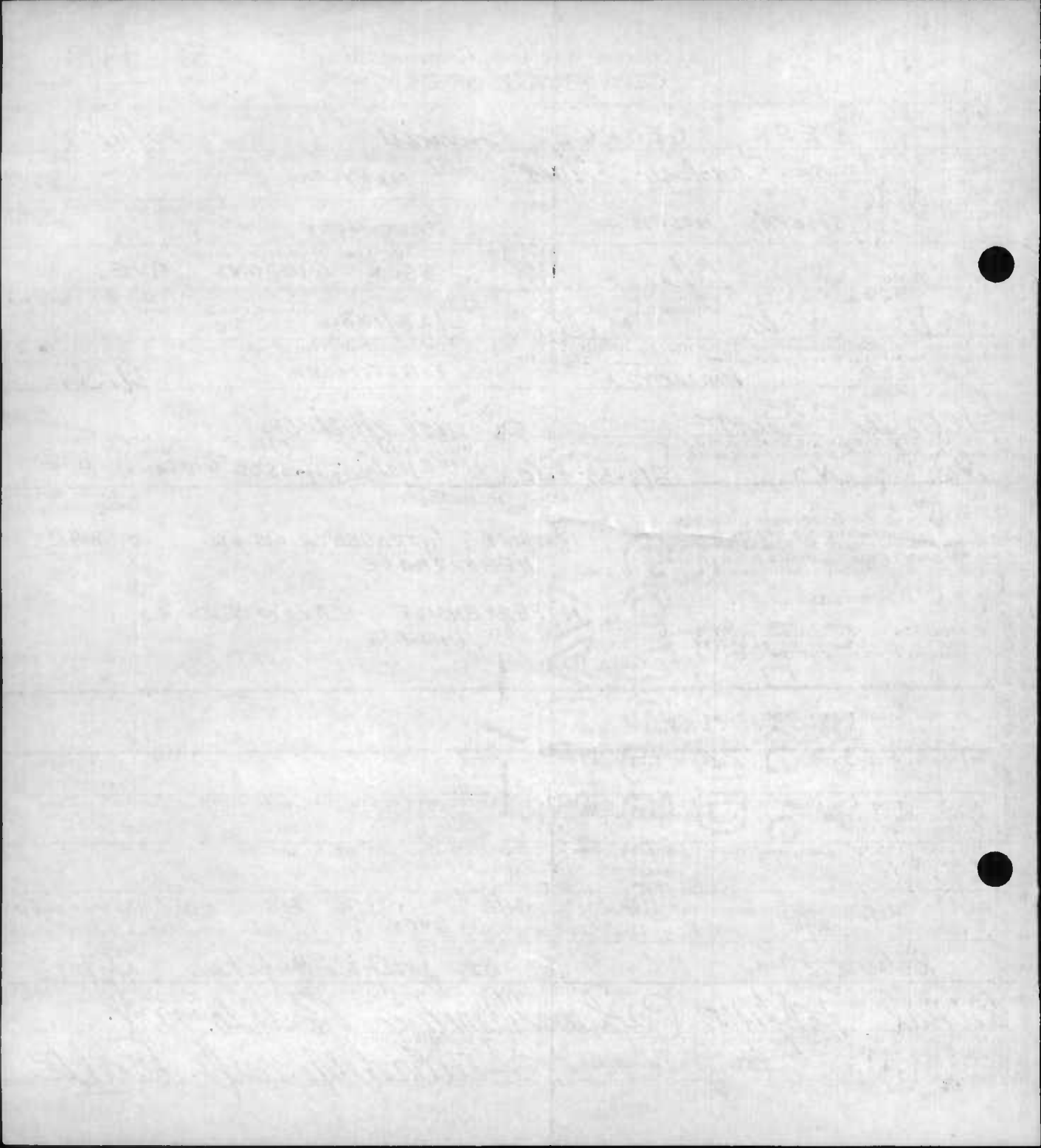
25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

Huntington Williams, M.D.

Stewart Morris, M.D.



325
51 1379BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1379
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>SARAH HANNA WATSON</u>			2. DATE OF DEATH <u>2-11-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>CITY</u>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>25-06</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3312 FAIRFIELD ROAD</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 25 (FAIRFIELD)</u>		
D. STREET ADDRESS (If rural, give location) <u>3312 FAIRFIELD ROAD.</u>			E. LENGTH OF STAY IN BALTIMORE <u>6</u> Yrs. Mos. Days		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1889 1886</u>		9. AGE (in years last birthday) <u>64</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>York Co., S.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>DAVE DAVIS</u>			14. MOTHER'S MARDEN NAME <u>Lucy Wilson?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>HATTIE BARNETT - SAUER (Daughter)</u>		

18. <u>59xx</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Pneumonia, lobar left</u> DUE TO (B) <u>Chronic Nephritis.</u> DUE TO (C) <u>Dehydration</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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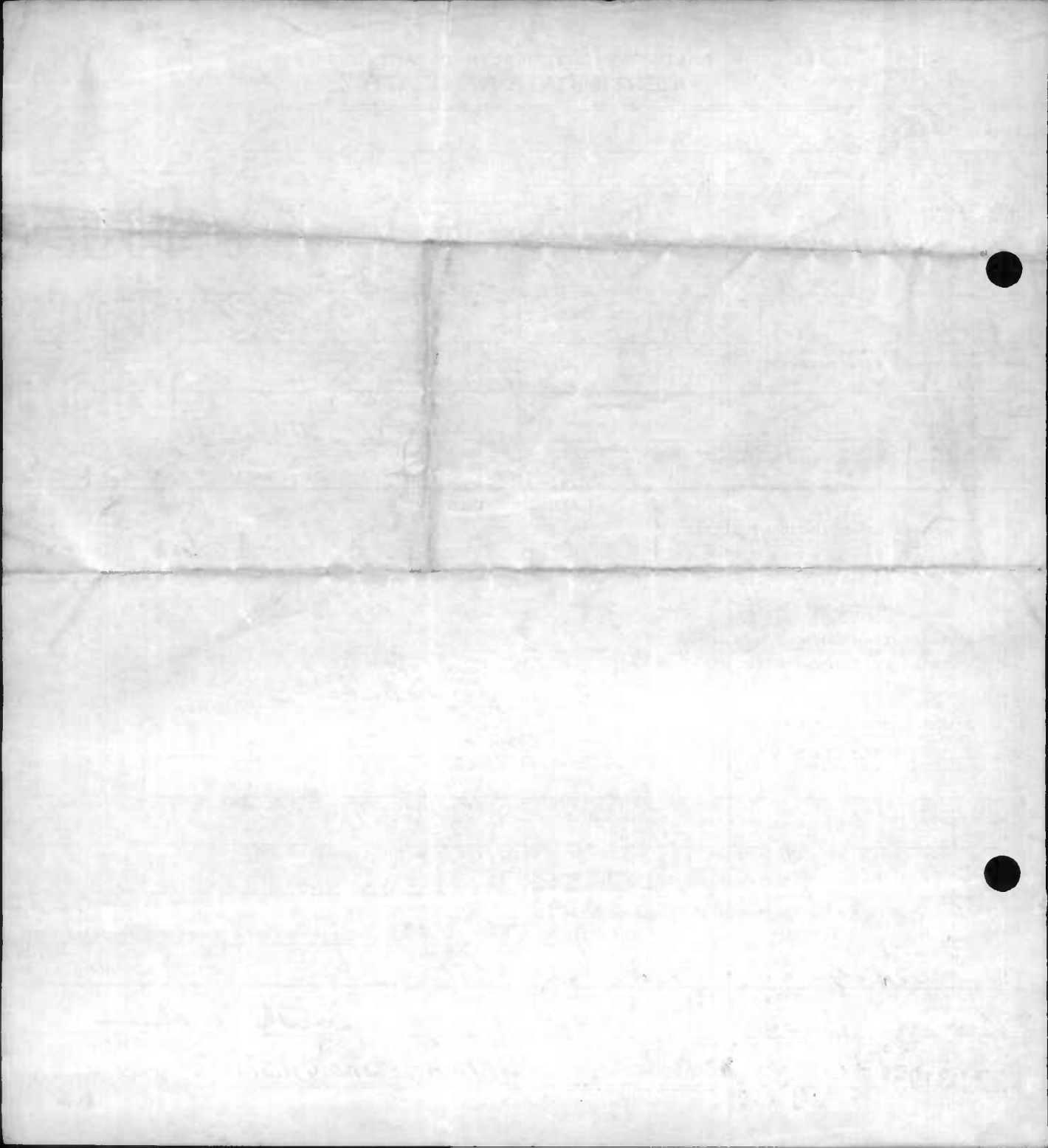
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1951, to Feb 11, 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 10:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Jerry C. Luck</u>	23B. ADDRESS <u>427 Swale ave</u>	23C. DATE SIGNED <u>2-11-51</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>1-13-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Clow</u>	24D. LOCATION (City, town, or county) (State) <u>South Carolina</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 13 1951</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>	25. FUNERAL DIRECTOR <u>ISAIAH. L BROWN. SON</u>	ADDRESS <u>108 Montgomery St</u>
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653
51 1380BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1380
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lux TONIA GREEN WOOD		2. DATE OF DEATH 2-10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 16	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-07	
5. SEX Female		D. STREET ADDRESS (If rural, give location) 3205 BRIGHTON	
6. COLOR OR RACE White		8. DATE OF BIRTH March 27, 1878	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. AGE (in years last birthday) 72 If Under 1 Year: Months: Days If Under 24 Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) GERMANY	
10B. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Willibald Lux		14. MOTHER'S MAIDEN NAME THERESA VOETTER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Ida Branford, 3205 Brighton St.		ADDRESS	

18. **260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
**SECONDARY INFECTION,
DIABETIC GANGRENE, LEFT FOOT**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 1-15-51		19B. MAJOR FINDINGS OF OPERATION DIABETIC GANGRENE LEFT FOOT, AMPUTATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

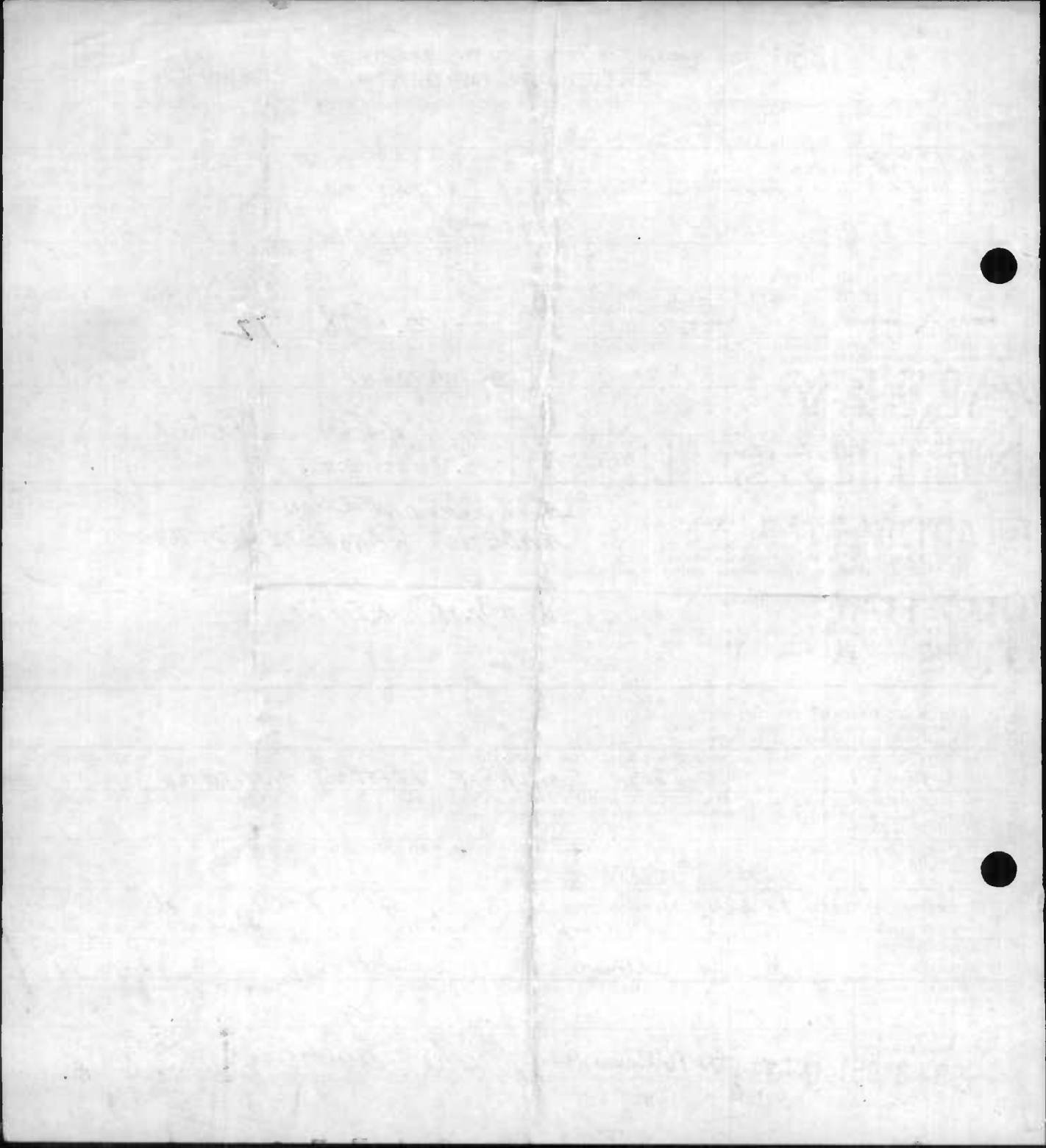
22. I hereby certify that I attended the deceased from **1-18**, 19**51**, to **2-10**, 19**51**, that I last saw the deceased alive on **2-10**, 19**51**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE John W. Brown, M.D.	23B. ADDRESS Univ. Hosp	23C. DATE SIGNED 2-10-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 13, 1951		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Willis Lamoreau		ADDRESS 4510 Liberty Heights Ave.	

VS 150

61



AB-145796

365

51 1381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1381

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christian Gutermuth

2. DATE
OF DEATH 2-9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-08D. STREET ADDRESS (If rural, give location)
8 S. Conkling Street

5. SEX

W

6. COLOR OR RACE

M

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept-1-1874

9. AGE (In years last birthday)
76If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
MEAT STORE11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF WHAT COUNTRY?
K. J. A13. FATHER'S NAME
Friedrich Gutermuth14. MOTHER'S MAIDEN NAME
P. Bunkess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
216-05-142717. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident

6hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-9-1951, to 2-9-1951, that I last saw the deceased alive on 2-9-1951, and that death occurred at 8.20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

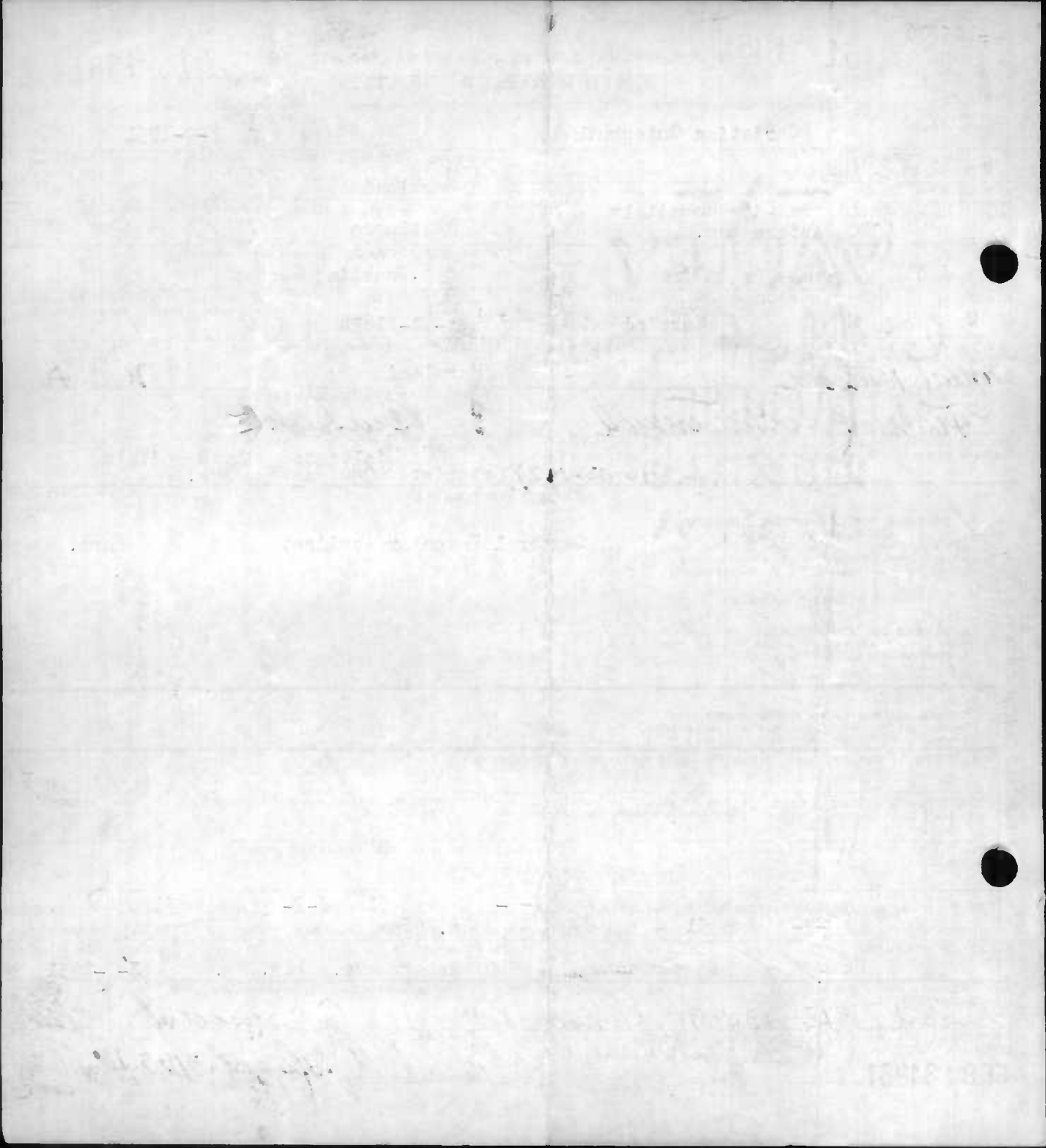
25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

VS 150

83a



625
BS-144248

51 1382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1382

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Morgan

2. DATE
OF
DEATH

2-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1502 Orleans Street

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Sep.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe maker

10B. KIND OF BUSINESS OR INDUSTRY

Shoe Repairing

8. DATE OF BIRTH

Nov. 19, 1892

9. AGE (In years last birthday)

58

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Ed Morgan (D)

14. MOTHER'S MAIDEN NAME

Josephine ? (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave

18. 151X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

10 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-4-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-15, 19 50 to 2-7, 19 51 that I last saw the deceased alive on 2-7, 19 51 and that death occurred at 12*30. P from the causes and on the date stated above.

23A. SIGNATURE

J. H. Morgan

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/51

24C. NAME OF CEMETERY OR CREMATORY

St Calvary Ave.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elroy O. Wilson

ADDRESS

1000 Beauty

VS 150

542FE

46B

A. R.

W-452
51 1383BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1383

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Walter Francis Welling			2. DATE OF DEATH Feb. 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 729 W. Fayette St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02		
D. STREET ADDRESS (If rural, give location) 729 W. Fayette St.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 17, 1881	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10B. KIND OF BUSINESS OR INDUSTRY Brown Real Estate		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William T. Welling			14. MOTHER'S MAIDEN NAME Mary C. Bendle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 216-03-2217		
17. INFORMANT William G. Welling			ADDRESS 98 Penn. Ave.		

18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO Arteriosclerosis DUE TO Bereavement DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 months 1 year
19. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1 , 19 51 , to Feb 10 , 19 51 , that I last saw the deceased alive on Feb 10 , 19 51 , and that death occurred at 10 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Paul DeBary		23B. ADDRESS 1011 Carnegie Rd.		23C. DATE SIGNED 2/10/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 14, 1951		24C. NAME OF CEMETERY OR CREMATORY Pipe Creek	
24D. LOCATION (City, town, or county) New Windsor, Md.		24E. FUNERAL DIRECTOR Fred. A. Cole		24F. ADDRESS 1913 W. Baltimore St.	

Dr. DeWitt
2501 University
St. Paul, Minn.

A-654384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

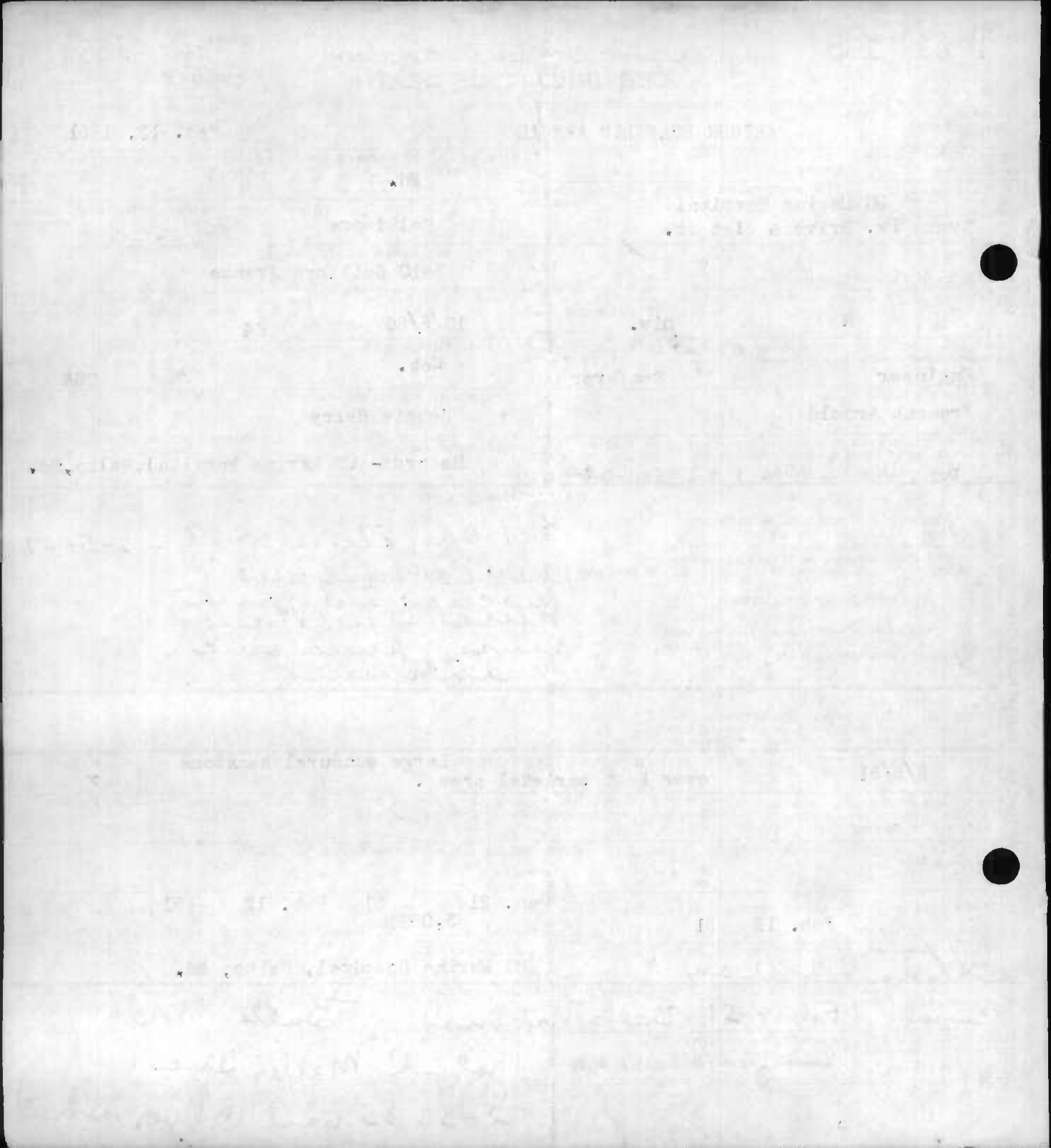
51 1384

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARTHUR FRANKLIN ARNOLD		2. DATE OF DEATH Feb. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
D. LENGTH OF STAY IN BALTIMORE ?		D. STREET ADDRESS (If rural, give location) 3410 Guilford Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Div.	8. DATE OF BIRTH 10/5/86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	9. AGE (In years last birthday) 64
13. FATHER'S NAME Fremont Arnold		11. BIRTHPLACE (State or foreign country) Neb.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War 1 + 2		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 534-05-4627		14. MOTHER'S MAIDEN NAME Jennie Henry	
17. INFORMANT Records- US Marine Hospital, Balto, Md.		ADDRESS	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E936.9		CAUSE OF DEATH Past operative state		INTERVAL BETWEEN ONSET AND DEATH 2-5-51
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) craniotomy and evacuation of subdural hematoma		
		(B) cause of hematoma undetermined		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 2/5/51		19B. MAJOR FINDINGS OF OPERATION Large subdural hematoma over left parietal area.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan. 21 1951 to Feb. 12 , 19 51 , that I last saw the deceased alive on Feb. 12 , 19 51 , and that death occurred at 3:05 PM m., from the causes and on the date stated above.				
23A. SIGNATURE John C. Miller		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Feb 14-51	24C. NAME OF CEMETERY OR CREMATORY Balto National	24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1951		REGISTRAR'S SIGNATURE John C. Miller		25. FUNERAL DIRECTOR John C. Miller Inc. 832
ADDRESS 240 55 2433-35 East Bliver Street				



D-209
51 1385BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1385
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Arthur Wiggs		2. DATE OF DEATH 2-10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 604 S. Green		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1922		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 22-02	
5. Length of stay in Baltimore Yrs. 1922 Mos. 1922 Days 1922		D. STREET ADDRESS (If rural, give location) 604 S. Greene St.	
5. SEX Male	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 12/1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police	10B. KIND OF BUSINESS OR INDUSTRY Police	9. AGE (In years last birthday) 63	11. BIRTHPLACE (State or foreign country) Pa.
13. FATHER'S NAME Geo. L. Wiggs		14. MOTHER'S MAIDEN NAME Rosa Jordan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-01-9262	
17. INFORMANT Lellis Wiggs		ADDRESS 604 Green	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Respiratory failure DUE TO Anterograde Cardiac arrest Renal disease Hemiplegia	CAUSE OF DEATH Respiratory failure Anterograde Cardiac arrest Renal disease Hemiplegia	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/1**, 19**51**, to **2/10**, 19**51**, that I last saw the deceased alive on **2/9**, 19**51**, and that death occurred at **11:30 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE L. Storch, M.D.	23B. ADDRESS 601 N. Monroe St.	23C. DATE SIGNED 2/12/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-14-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Wm. B. Spriggs	25. FUNERAL DIRECTOR Wm. B. Spriggs	ADDRESS 139 W. Hamling St.
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FEB 13 1951

522 24

131a

STATE OF NEW YORK
CERTIFICATE OF DEATH

19-10-19

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1386**

BIRTH NO. **51 1386**

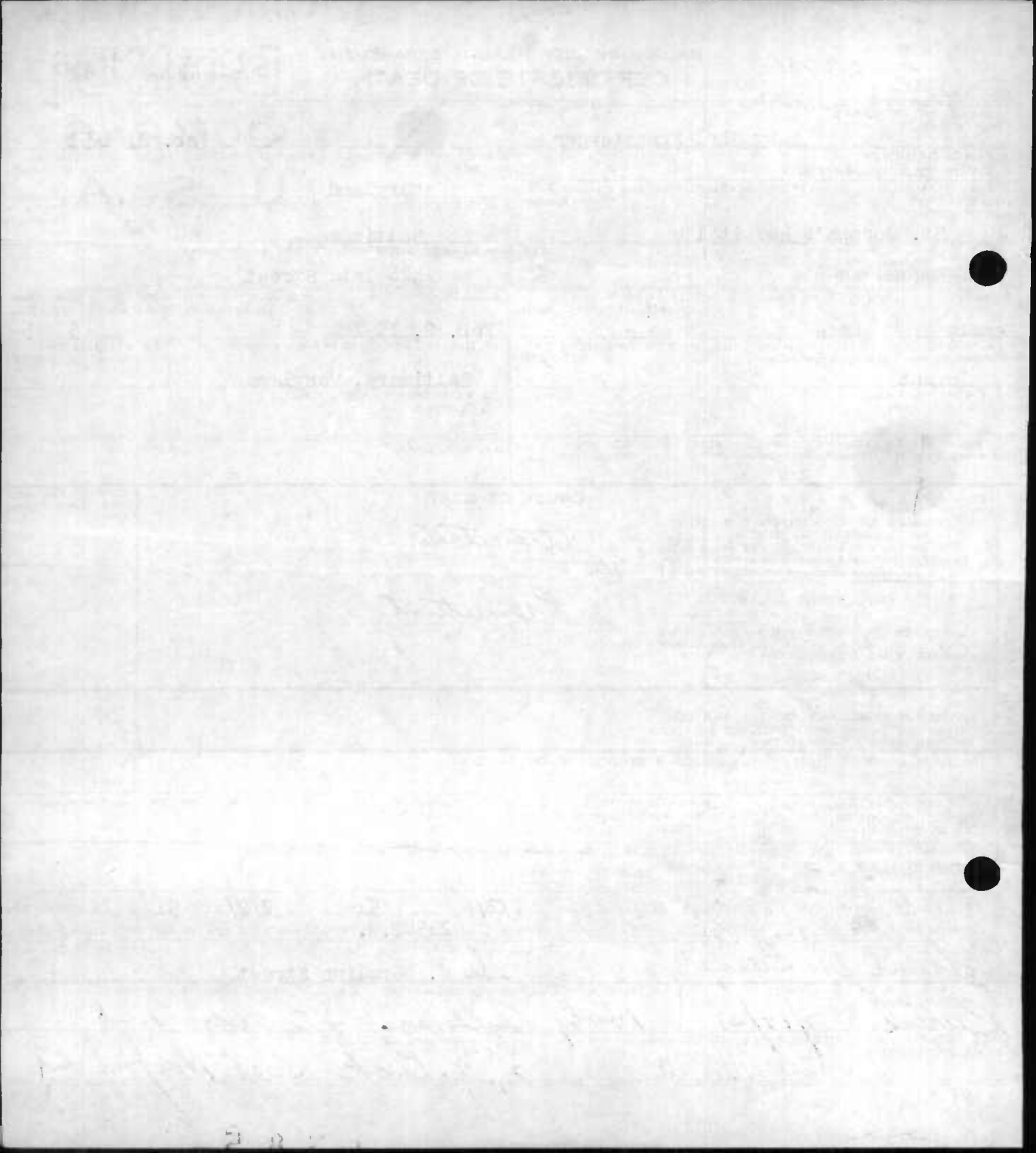
1. NAME OF DECEASED (Type or Print) Baby Girl Ernstberger		2. DATE OF DEATH Feb. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05	
D. STREET ADDRESS (If rural, give location) 426 Imla Street			
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 2, 1951	
9. AGE (In years last birthday)		10. Under 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 762.5 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis (A) DUE TO ANTECEDENT CAUSES Prematurity (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/2/ , 19 51 to 2/2/ , 19 51 that I last saw the deceased alive on 2/2/ , 19 51 , and that death occurred at 2:50 PM from the causes and on the date stated above.					
23A. SIGNATURE Frank W. Baker Jr.		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/14/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 Bayford Rd	

FEB 9 1951

159



9-636-5525
51 1387BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1387
Registered No.

BIRTH NO.

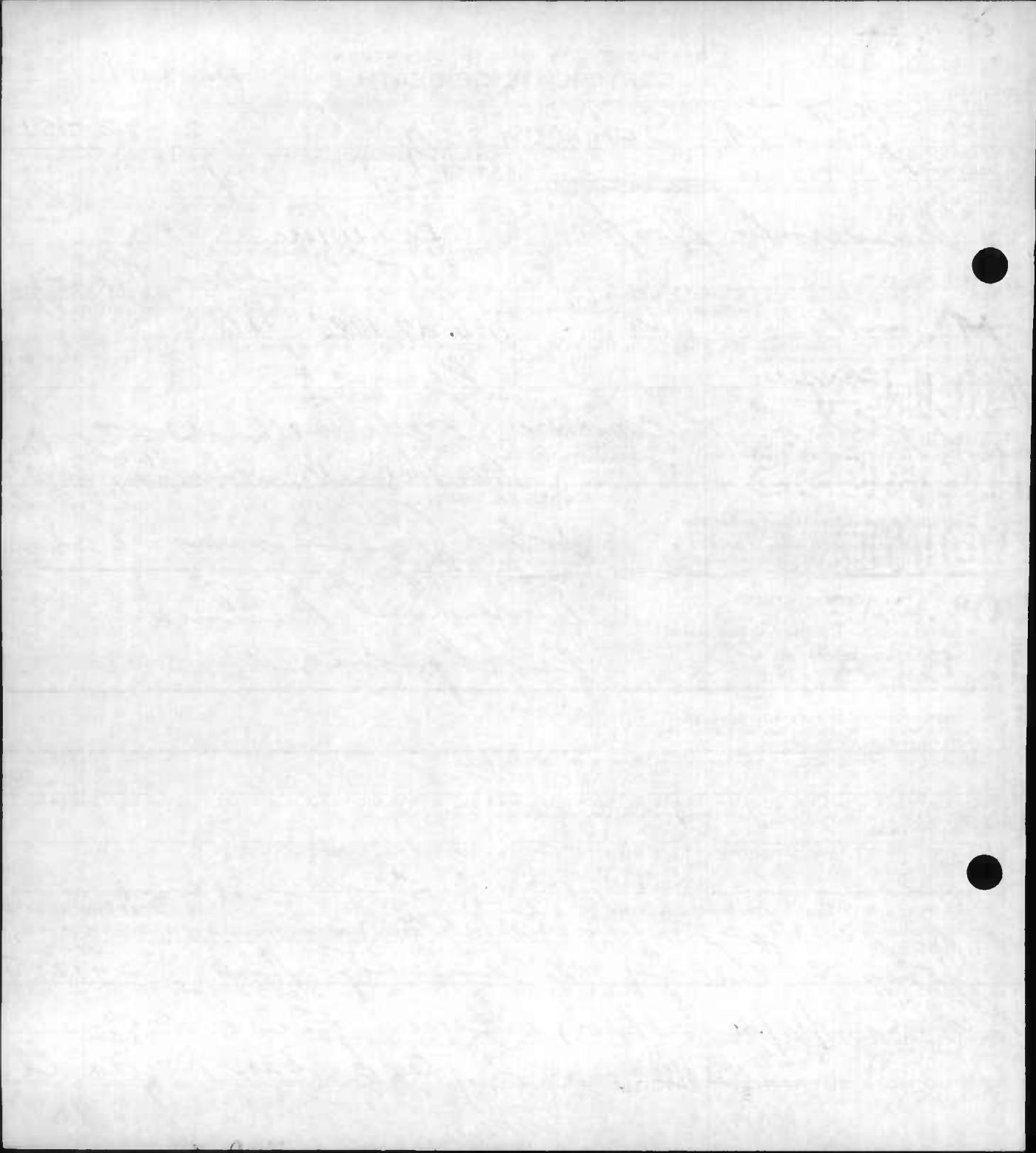
1. NAME OF DECEASED (Type or Print) <i>John M. Schwensen</i>			2. DATE OF DEATH <i>2-12-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>14</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>38 University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 27-05</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3018 Northern Phary.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Feb. 27 1880</i>	9. AGE (in years last birthday) <i>70</i> If Under 1 Year Months: Days: If Under 24 Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>silver chaser</i>			11. BIRTHPLACE (State or foreign country) <i>Denmark</i>		12. CITIZEN OF WHAT COUNTRY? <i>Denmark</i>
13. FATHER'S NAME <i>Peter C. Schwensen</i>			14. MOTHER'S MAIDEN NAME <i>Modeline P...</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Helen M. Schwensen</i>			ADDRESS <i>Northern Phary 3018</i>		

18. <i>490x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) <i>Lobar Pneumonia</i> DUE TO		<i>2 wks</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Bronchial Asthma</i> DUE TO		
	(C) <i>Emphysema</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-11-51</i> , 19 <i>51</i> , to <i>2-12-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-12</i> , 19 <i>51</i> , and that death occurred at <i>5:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John F. Kelly</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>2-12-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		25. FUNERAL DIRECTOR <i>L. J. Luck</i>	
				ADDRESS <i>5305 Harford Rd</i>	

52132

108



C-343

51 1388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1388

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

H Under 1 Year Months: Days

H Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 447X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

10 YRS.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1938, to Feb. 11, 1951, that I last saw the deceased alive on Feb. 9, 1951, and that death occurred at 7a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

VS 150

131a

MEDICAL CERTIFICATION

Dr. Wm. L. Felt
1801 Euclid St.
Ph.

T-460

51 1389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1389
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Taylor

2. DATE
OF
DEATH

2-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
50 Talbot Street4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY

C. CITY OF Baltimore (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

60 Talbot Street

C. Length of stay in Baltimore

3 weeks

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-10-70

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Vonnice Taylor 5830 Yocum Street Phila. Pa.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1951, to 2-12, 1951, that I last saw the deceased alive on 2-12, 1951, and that death occurred at 7 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-16-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

24D. LOCATION (City, town, or county)

Philadelphia Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

403 S. Wolfe Street

FEB 19 1951

300

83a

MEDICAL CERTIFICATION

4800 Ritchie Hwy

5-11-50

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H-100
51 1390BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1390

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KATHLEEN S. HOPE			2. DATE OF DEATH 2/11/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) MD General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-14		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4409 WICKFORD RD #10		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 15 1906		9. AGE (In years last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Shields			14. MOTHER'S MAIDEN NAME Mary Harvey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Thos. G. Hope - 4409 Wickford		

18. E970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Barbiturate Poisoning DUE TO (B) Bronchopneumonia DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4 days 2 days
---	--	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4409 WICKFORD RD
21D. TIME (Month) (Day) (Year) OF INJURY 2/7/51 8 P. M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Ingested overdose of Nembutal

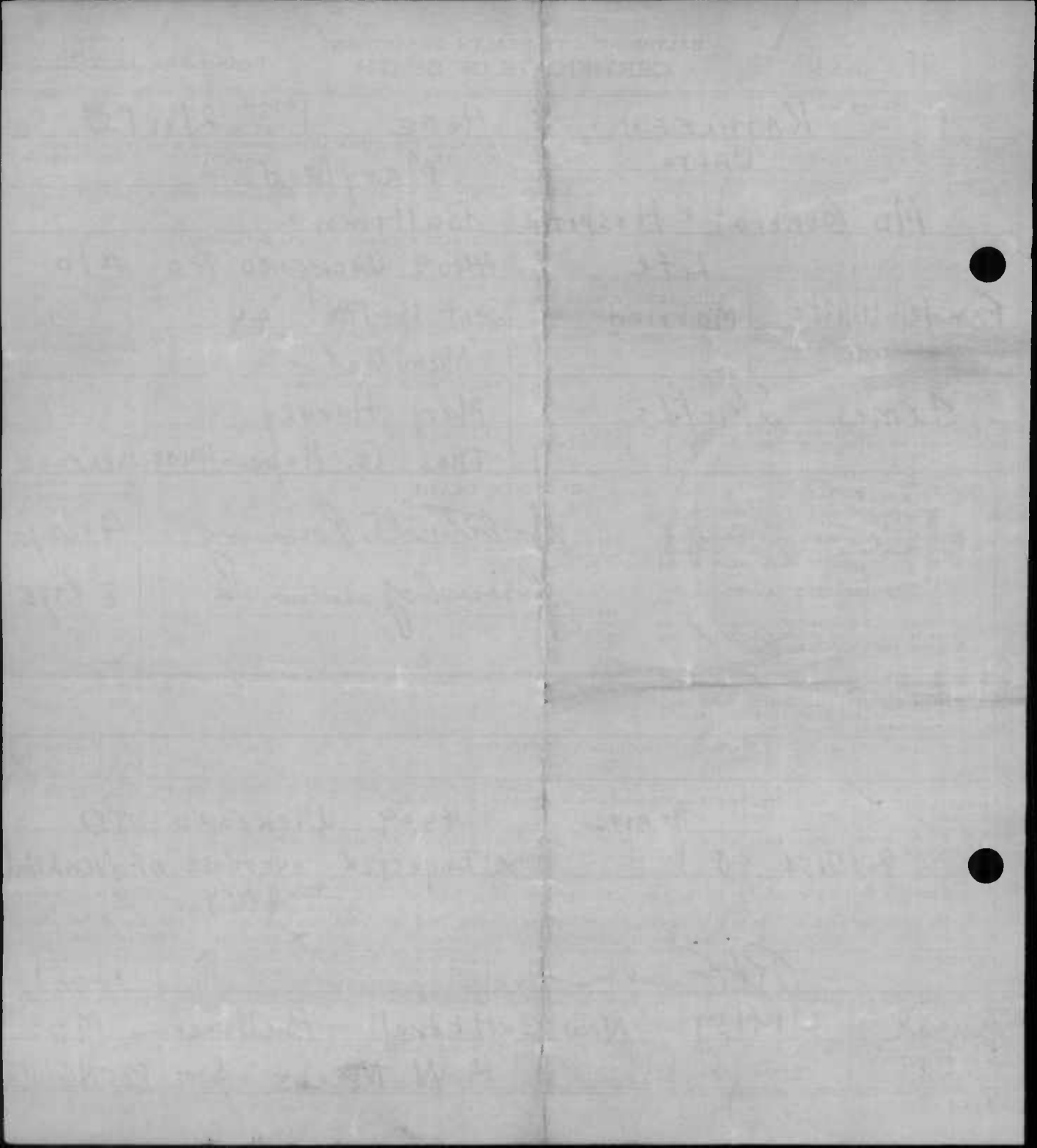
22. I certify that I took charge of the remains described above, held an **Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 2-12-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/14/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. DATE RECEIVED BY LOCAL REGISTRAR 2/13/51	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	24E. LOCATION (City, town, or county) (State) Baltimore MD
25. FUNERAL DIRECTOR H. W. Mears + Son		ADDRESS 805 N. Calvert

VS 151

N-971.0

163B



K-530

51 1391

51 1391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert E. Kennedy

2. DATE
OF
DEATH

Feb. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3721 Hillsdale Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-41

D. STREET ADDRESS (If rural, give location)

3721 Hillsdale Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F -

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec. 3, 1885

9. AGE (In years last birthday)

65

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

B90 Real Estate Dept.

10B. KIND OF BUSINESS OR INDUSTRY

R-R

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James T. Kennedy

14. MOTHER'S MAIDEN NAME

Ida Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes

1st World War

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice A. Kennedy - 3721 Hillsdale Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Myocardial Infarction
DUE TO Hypertensive and
(B) Arteriosclerotic Heart DisInstantly?
15 yr?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hiatal Hernia, esophageal Congenital
Diabetes Mellitus

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949 to Feb, 1951, that I last saw the deceased alive on Feb 11, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel T. R. Russell, Jr.

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

Feb. 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 13 1951

VS 150

25. FUNERAL DIRECTOR

ADDRESS

26m. J. Tickner & Sons - Balto

470 50

61

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

M-246

Musgiller

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1392

BIRTH NO. 51 1392

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Albert J. Musgiller</i>			2. DATE OF DEATH <i>Feb. 11 - 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>—</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>60 725 Ashburton St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-06</i>		
6. LENGTH OF STAY IN BALTIMORE <i>70 Yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1725 Ashburton</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 19 - 1880</i>		9. AGE (In years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Church</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Judith Musgiller</i>			14. MOTHER'S M maiden NAME <i>Rose P.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT ADDRESS <i>Mrs. Mary Musgiller - 1725 Ashburton St</i>		

18. <i>592X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>Chr. Myocarditis</i>		<i>1945</i>	
ANTECEDENT CAUSES		(B) DUE TO		<i>Ch. Interstitial Nephritis</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO		<i>1945</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *May 13, 1950* to *Feb 11, 1951*, that I last saw the deceased alive on *Feb 10, 1951*, and that death occurred at *7:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Jane Brown* M. D. 23B. ADDRESS *3602 Liberty #15. Co.* 23C. DATE SIGNED *2-11-51*

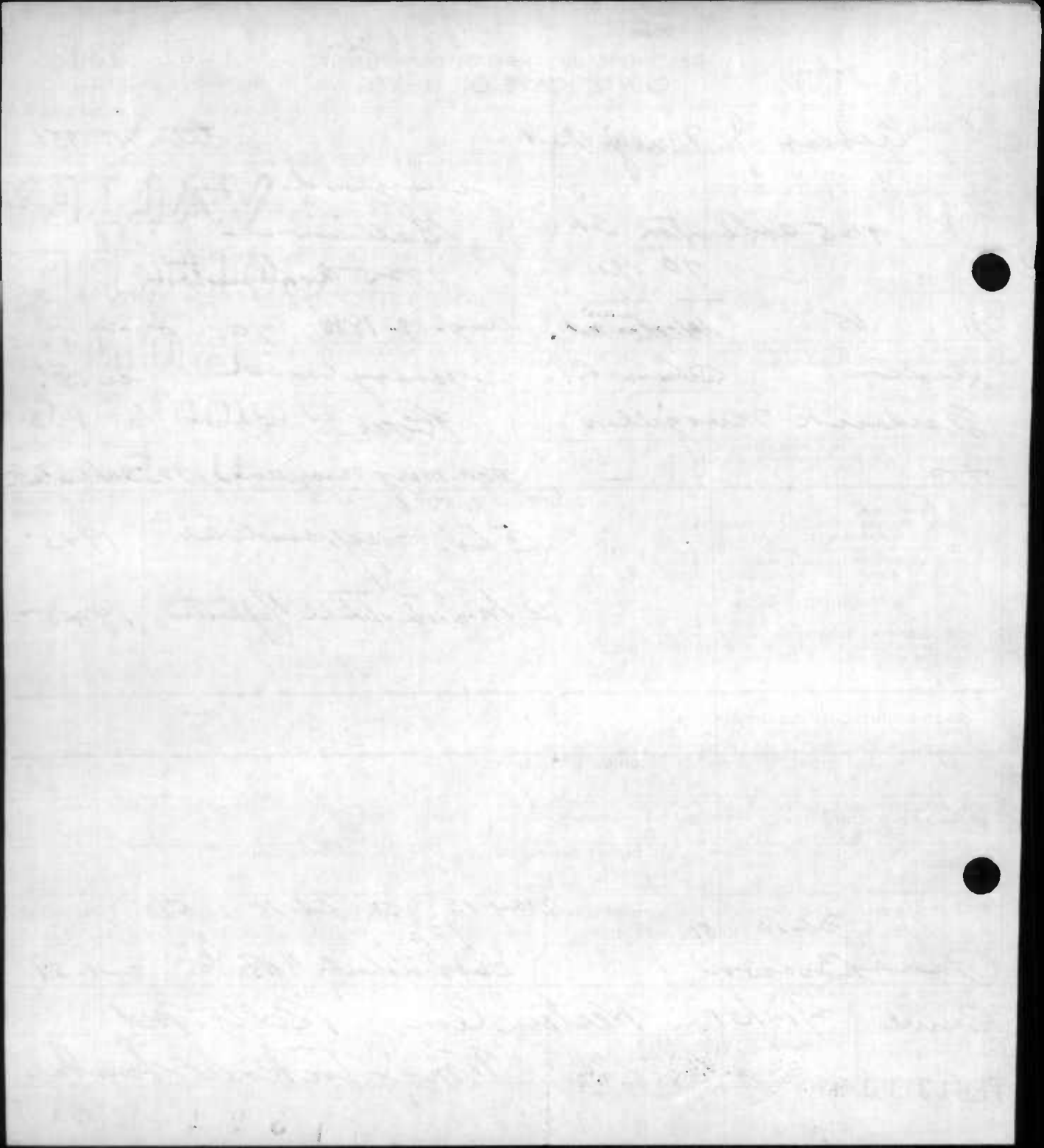
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/14/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Balto: Md</i>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wm J. Tucknews</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm J. Tucknews</i>

FEB 13 1951

7708W

1392 131a

MEDICAL CERTIFICATION



J-520
51 1393BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1393

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George E. JAMES

2. DATE
OF
DEATH

February 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1517 W. FAIRMOUNT AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

19-02

D. STREET ADDRESS (If rural, give location)

1517 W. FAIRMOUNT AVE.

Length of stay in Baltimore

25 Yrs.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

April 3, 1918

9. AGE (In years,
last birthday)

32

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Raleigh, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

SARAH HOLLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War II

16. SOCIAL
SECURITY NO.

17. INFORMANT

Dorothy JAMES

ADDRESS

1517 FAIRMOUNT AVE.

18. 007X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Pulmonary Congestion

Several Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Tuberculosis Moderate Advanced Unknown

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 10, 1951, to February 12, 1951, that I last saw the deceased alive on Feb. 11, 1951, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

M. D.

23B. ADDRESS

1631 W. Franklin St.

23C. DATE SIGNED

2-12-51

24A. BURIAL, CREMA-
TION, REMOVA (Specify)

24B. DATE

2/17/1951

24C. NAME OF CEMETERY OR CREMATORY

Southern Pines N.C.

24D. LOCATION (City, town, or county)

Moore County, N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1951

Joseph A. Sively

661 West Baker St

INVESTIGATION OF DEATH

STATE OF NEW YORK

DEATH

DEATH

DEATH

DEATH

DEATH

DEATH

DEATH

2

3

4

5

6

7

8

W-623

51 1394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1394

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. WRIGHT

2. DATE
OF
DEATH

2/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1118 LEADENHALL ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

23-01

D. STREET ADDRESS (If rural, give location)

1118 LEADENHALL ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3/8/1912

9. AGE (In years

last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

OYSTER SHUCKER

OYSTER PLANT

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WM. WRIGHT

14. MOTHER'S MAIDEN NAME

EMMA PROCTOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

PAULINE WRIGHT(W) 1118 LEADENHALL ST

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 mo

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7 / 15 / 50, to 2 / 12 / 51, that I last saw the
deceased alive on 2 / 11 / 51, and that death occurred at 5 AM m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Trautman

M. D.

23B. ADDRESS

122 W. See W

23C. DATE SIGNED

2 / 13 / 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY CEMETERY

24D. LOCATION (City, town, or county)

A.A. COUNTY, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Daniel Trautman, M.D.

25. FUNERAL DIRECTOR

Charles F. W. Spivey

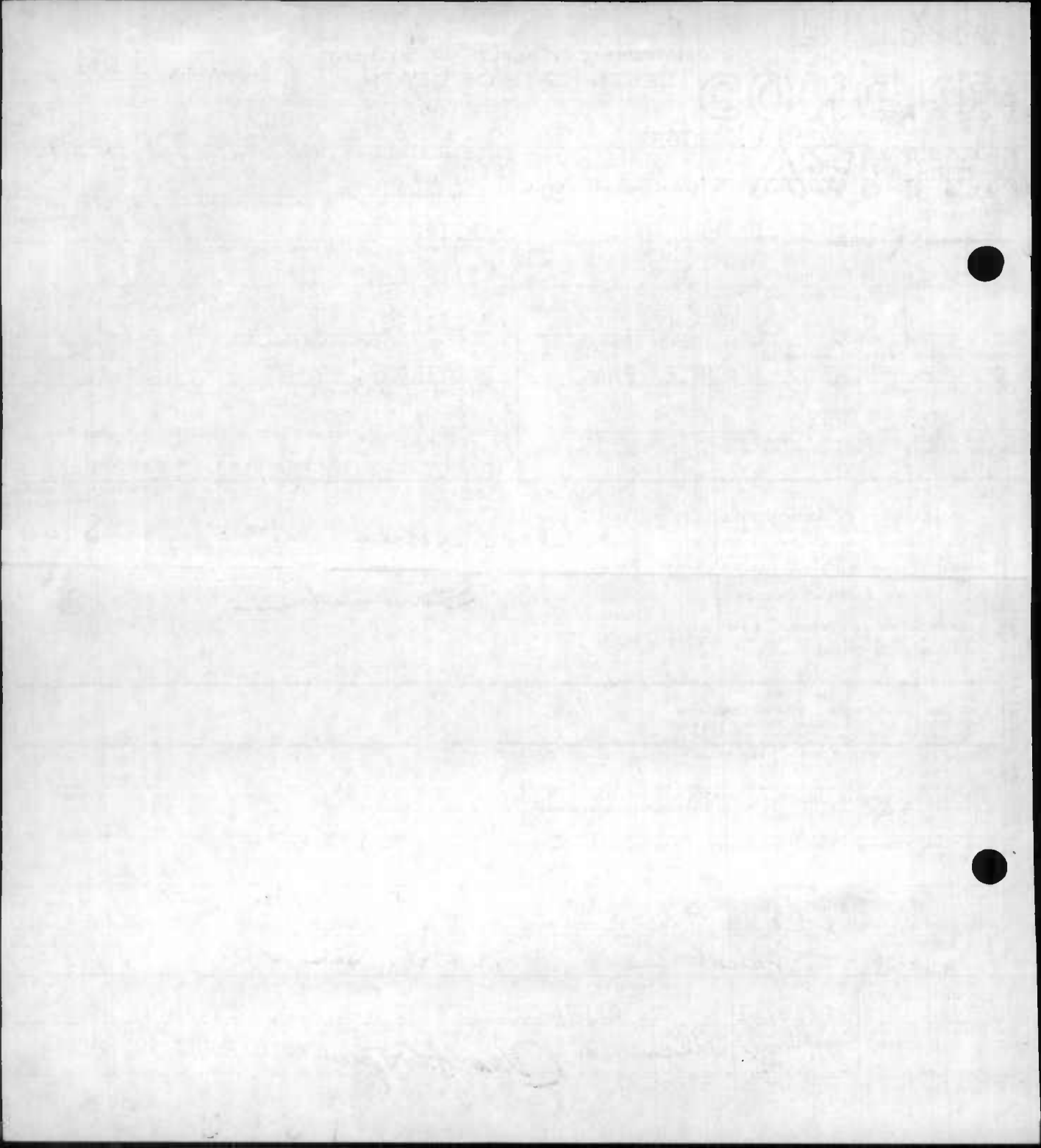
ADDRESS

512 CARROLLTON AVE

FEB 13 1951

690 63

46B



W-460
51 1395BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1395
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VICTOR RALPH WHEELER		2. DATE OF DEATH 2/11/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 17-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 626 W. MULBERRY ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 50yrs		D. STREET ADDRESS (If rural, give location) 626 W. MULBERRY ST	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8/18/1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER		10B. KIND OF BUSINESS OR INDUSTRY RESTURANT	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) FLA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-07-3692	
17. INFORMANT Lillian H. Wheeler		ADDRESS 519 N. Carey St	
18. CAUSE OF DEATH 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE DUE TO ANTECEDENT CAUSES PULMONARY OEDEMA DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 5 DAYS II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from FEB 8 , 19 51 , to FEB 11 , 19 51 , that I last saw the deceased alive on FEB 10 , 19 51 , and that death occurred at 7 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE E. Willeam Frey		23B. ADDRESS 1928 Penna Ave	
23C. DATE SIGNED 2/13/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/15/51	
24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Chas. Harper		ADDRESS 512 N. Carrollton Ave	

MEDICAL CERTIFICATION

VS 150

93D

U.S. GOVERNMENT PRINTING OFFICE

AMERICA

1917

THE NATIONAL GEOGRAPHIC MAGAZINE

VOLUME 10, NUMBER 1

5-120
51 1396BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1396

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Supko, John

2. DATE
OF
DEATH

February 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's

C. Length of stay in Baltimore

37 yr.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1722 Aliceanna St.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 24, 1888

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed WATCHMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jakim Sobko

MARITIME

14. MOTHER'S MAIDEN NAME

Malinia Usow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-07-5095

17. INFORMANT

ADDRESS

Mr. Harry Sobko, 1722 Aliceanna Street

18.

161X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma-Larynx

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1951, to 2-11, 1951, that I last saw the
deceased alive on 2-11, 1951, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

A. G. Alcega

M. D.

23B. ADDRESS

St. Joseph's / Hwy

23C. DATE SIGNED

2-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Trinity

24D. LOCATION (City, town, or county)

Elkridge

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M. F. Sadowski & Sons, 1808 Eastern Avenue

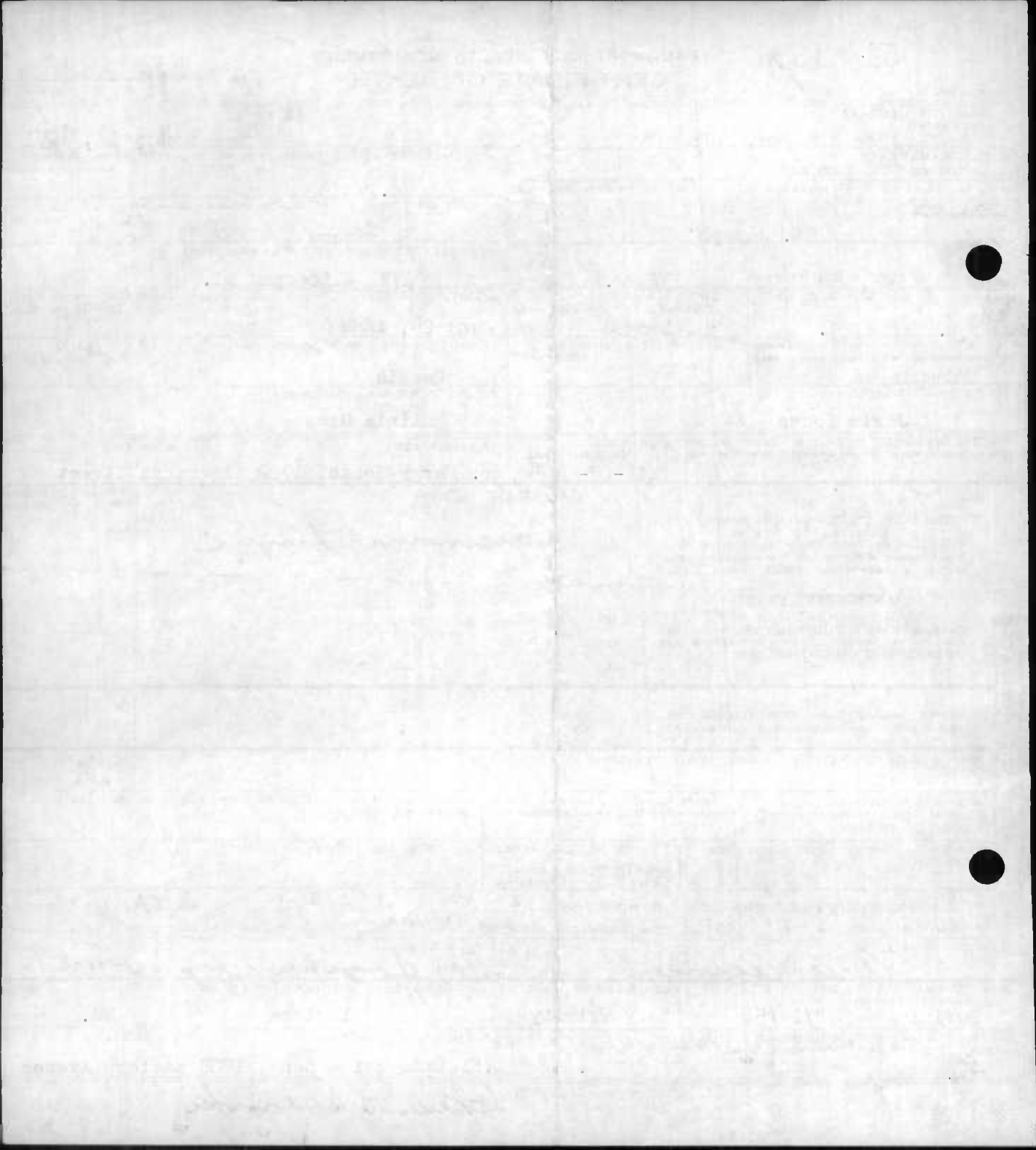
VS 150

763 55

Charles D. Sadowski

47a

MEDICAL CERTIFICATION



D-100
51 1397BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1397

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY H. SMITH COVACEVICH DEBOY

2. DATE
OF
DEATH

Feb. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

906 S. Wolfe Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

906 S. Wolfe Street

c. Length of stay in Baltimore 70 yrs
Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 24, 1874

9. AGE (in years
last birthday)

76

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Household

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bavaria

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John VonDorn

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Anthony Covacevich, 906 S. Wolfe Street

18. 443X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1/2 hour.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-Vascular Hypertensive Disease

DUE TO

10 yrs.

(C)

Arteriosclerosis

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

20 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1941, to Feb. 11, 1951, that I last saw the
deceased alive on Feb. 14, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/15/51

Holy Redeemer

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M.F. Sadowski & Sons, 1808 Eastern Avenue

Charles D. Sadowski 61

FEB 13 1951

VALLEY

BOND

NOV 1933

7

K-300

51 1398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1398

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH A. KEITH <i>Elizabeth Keith</i>		2. DATE OF DEATH <i>Feb 11th 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore <i>8-06</i> D. STREET ADDRESS (If rural, give location) 1612 N. Broadway	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH <i>Aug 2nd 1870</i>	
9. AGE (In years, last birthday) 80 yrs		10. Under 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME <i>Charles A. Keith</i>		14. MOTHER'S MAIDEN NAME <i>Mary Scally</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...
DUE TO*Coronary Thrombosis**1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
DUE TO*Arterio-Sclerosis**5 yrs*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 10*, 19*51*, to *Feb 11*, 19*51*, that I last saw the deceased alive on *Feb 10*, 19*51*, and that death occurred at *2 A* m., from the causes and on the date stated above.

23A. SIGNATURE *E. G. Hall MD*

M. O.

23B. ADDRESS *1631 E North Ave*23C. DATE SIGNED *Feb 12-1951*24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**24B. DATE *Feb. 14. 1951*24C. NAME OF CEMETERY OR CREMATORY **New Cathedral Cem.**24D. LOCATION (City, town, or county) **Baltimore Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *John Williams, MD*

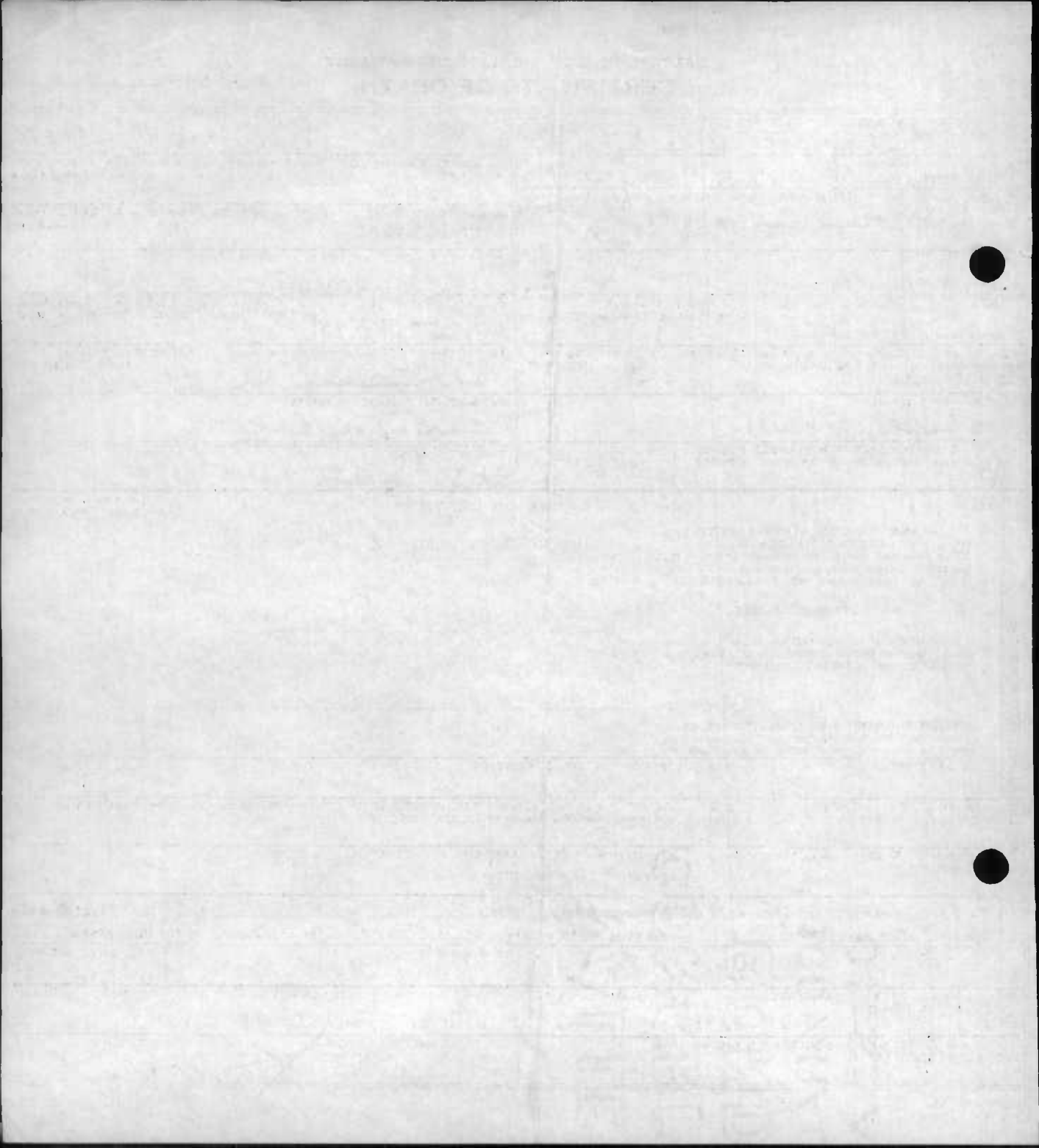
25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
*Baltimore Md.*ADDRESS *Sander*

FEB 13 1951

94a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1399
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM DORSEY

2. DATE
OF
DEATH

Feb. 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE US Marine Hospital
Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Perryman

C. Length of stay in Baltimore 55 days

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9/5/09

9. AGE (in years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Edgewood Arsenal

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Allen Dorsey

14. MOTHER'S MAIDEN NAME

Lilly Ringgold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 2

16. SOCIAL SECURITY NO.

214-18-6179

17. INFORMANT

Records- US Marine Hospital, Balto, Md.

ADDRESS

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Gastro-intestinal hemorrhage due to reticulum cell sarcoma involving mediastinal and abdominal lymph-nodes and intestine

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1950, to Feb. 11, 1951, that I last saw the deceased alive on Feb. 11, 1951, and that death occurred at 10:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson, Medical Director

23B. ADDRESS US Marine Hospital, Balto, Md.

23C. DATE SIGNED 2/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-15-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cheridon, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

Elmer E. DeLoach - Harford Co., Md.

ADDRESS

FEB 13 1951

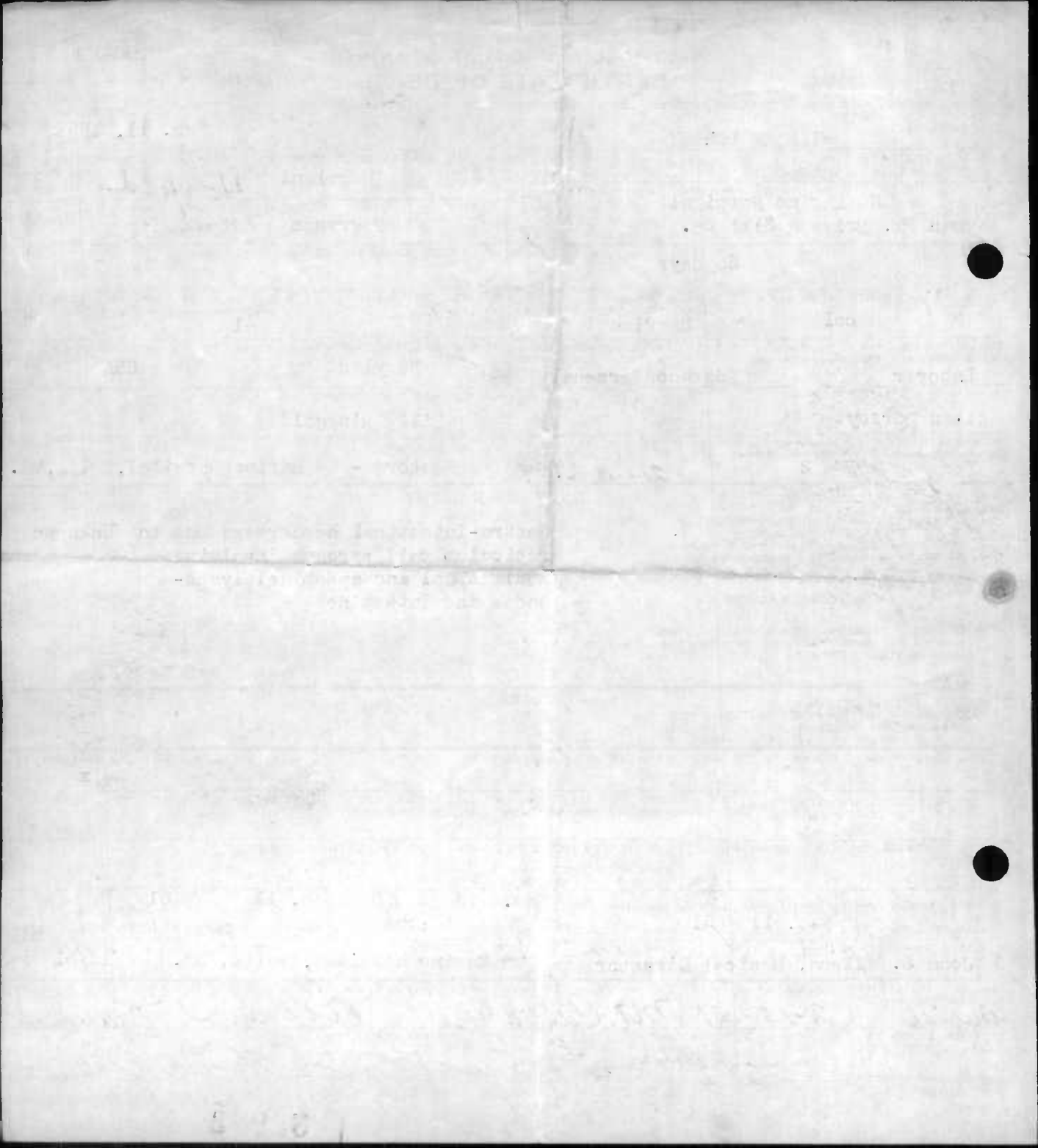
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398

55E

MEDICAL CERTIFICATION



412
51 1400BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1400
Registered No.

ND-

BIRTH NO.

50-13604

1. NAME OF DECEASED
(Type or Print)

Paul Michael Selepack

2. DATE
OF
DEATH

Feb. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

ESSEX

D. STREET ADDRESS (If rural, give location)

931 Woodlynn Rd. (21)

5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 1950 ? 270

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balt. md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Paul Selepack

14. MOTHER'S MAIDEN NAME

Mary Agnes Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

None

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchiolitis and Atelectasis

1 Day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

R. B. Fisher
by J. R. Davis
CHIEF OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19___, to D.O.A., 19___, that I last saw the
deceased alive on D.O.A., 19___, and that death occurred at 8:30am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

2-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

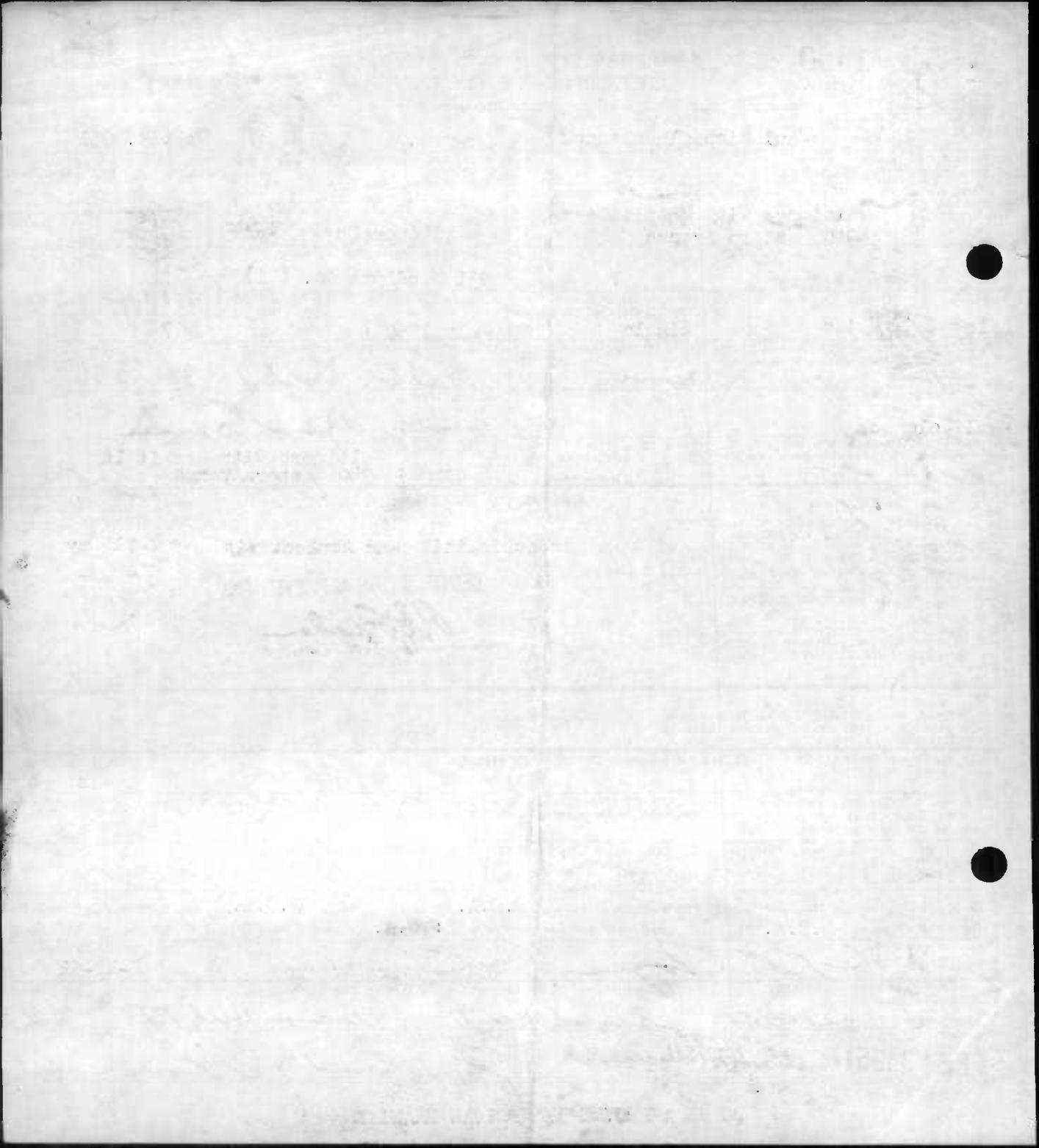
25. FUNERAL DIRECTOR

ADDRESS

VS 150

TO BE APPROVED BY MEDICAL EXAMINER

107



W-200

BALTIMORE CITY HEALTH DEPARTMENT

51 1401

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 1401

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

405 N. Montford Ave.

C. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Peter Stern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

Feb. 11-51

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

405 N. Montford Ave.

8. DATE OF BIRTH

Mar. 28-1871

9. AGE (Last year, last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Maria Werhning

17. INFORMANT

August J. Weis 405 N. Montford Ave.

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1950, to Feb. 4, 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 4:14 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Mabel Benigno

23B. ADDRESS

2000 E. Pratt St.

23C. DATE SIGNED

5/11/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

John G. Miller 2334 Jefferson St.

ADDRESS

2016.9.9

1921

1871

[illegible]

656

HOKNER

51 1402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1402

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clyde E. Horner

2. DATE
OF
DEATH

Feb. 11, 57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 27-09

D. STREET ADDRESS: (If rural, give location)

1664 E. Cold Spring Lane

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

White

Married

8. DATE OF BIRTH

7-29-99

9. AGE (in years
last birthday)

51 6-2

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Public Accountant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CANNING & Co. (S)

14. MOTHER'S MAIDEN NAME

Georgiana Lytle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes W.W.I

16. SOCIAL SECURITY NO.

216-05-0337

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Nephrosclerosis

2 yrs

ANTECEDENT CAUSES

DUE TO

(B)

Hypertension

20 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 1951, to Feb. 11, 1957, that I last saw the deceased alive on Feb. 11, 1957 and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1957

Huntington Williams, M.D.

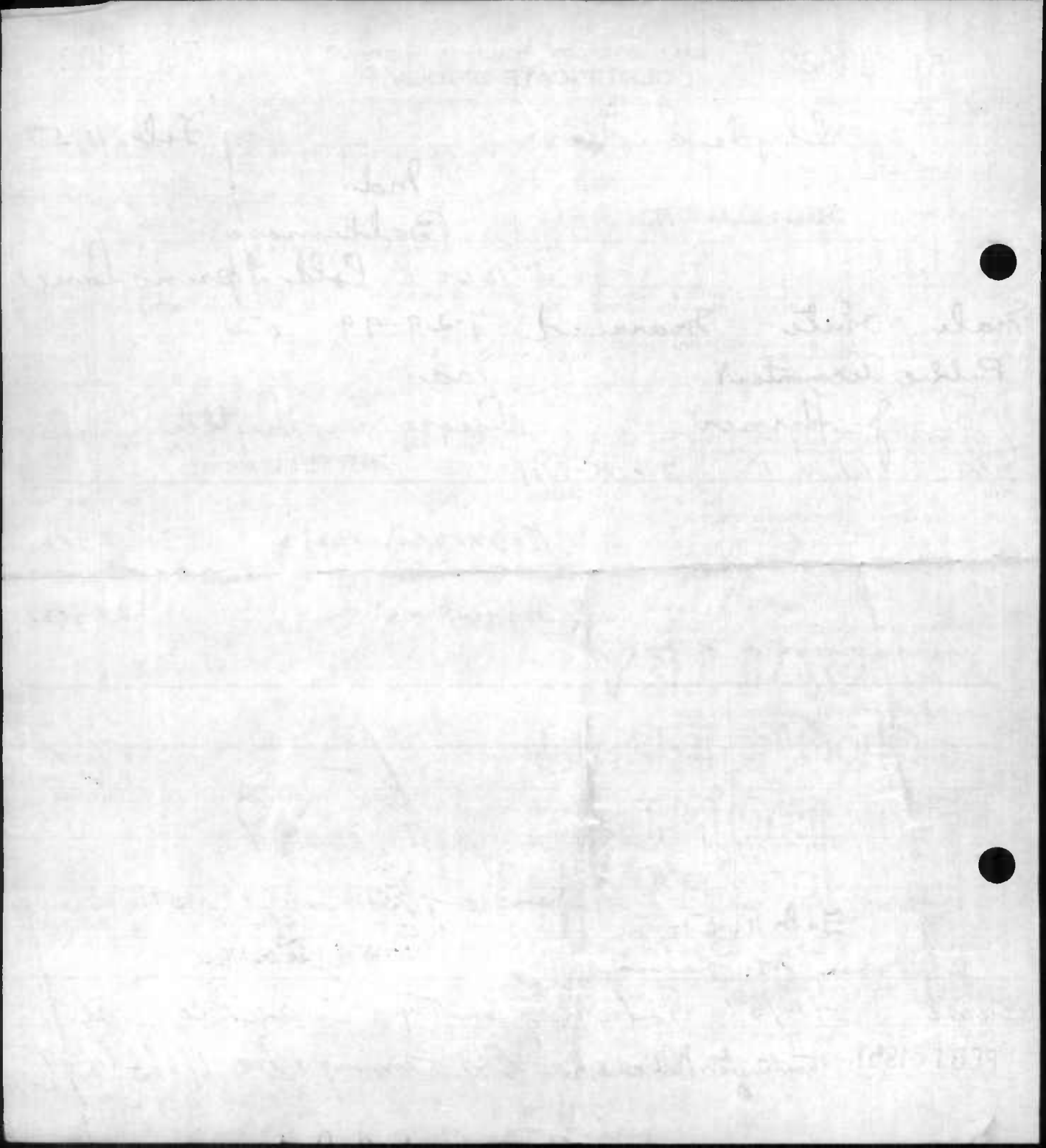
E.J. Fanning & Son - 1938 E. Lafayette Ave.

VS 150

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121a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1403
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Weldon Ross			2. DATE OF DEATH February 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05		
D. LENGTH OF STAY IN BALTIMORE 35 yrs.			D. STREET ADDRESS (If rural, give location) 1749 Ashland Ave.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 19-87		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY In General	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Thomas Ross			14. MOTHER'S MAIDEN NAME Ellen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) PNEUMOCOCCAL MENINGITIS DUE TO (B) CA. OF PROSTATE & OBSTRUCTIVE DUE TO UROPATHY AND UREMIA (C)	INTERVAL BETWEEN ONSET AND DEATH 12 HRS. 1 YR.
--	---	--

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2-11		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **2-11**, 19**51**, to **2-11**, 19**51**, that I last saw the deceased alive on **2-11**, 19**51**, and that death occurred at **6:56 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Joseph Stokes III M. D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 2-12-51
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 15, 51	24C. NAME OF CEMETERY OR CREMATORY Prince Edward Co.	24D. LOCATION (City, town, or county) (State) Prince Edward Co.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Handwritten Signature	25. FUNERAL DIRECTOR ADDRESS Blando Funeral Home	

FEB 13 1951

97099

413 Aly St 51B
Farmville, Va.

MEDICAL CERTIFICATION

530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1404

BIRTH NO. 51 1404

1. NAME OF DECEASED
(Type or Print)

MARY JANDA

2. DATE OF DEATH 2-10-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

834 N. CHAPEL ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 7-05

D. STREET ADDRESS (If rural, give location)
834 N. CHAPEL ST

C. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

8-4-1904

9. AGE (in years last birthday)

46

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ANTHONY JANDA

14. MOTHER'S MAIDEN NAME

BARBARA FLORIANEK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
ANNA SYKORA 834 N. CHAPEL ST

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CHRONIC NEPHRITIS.

1 YR.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

ASCITES.

3 Wks

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE, 1950, to 2-10, 1951, that I last saw the deceased alive on 2-10, 1951, and that death occurred at 2.00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

ADDRESS

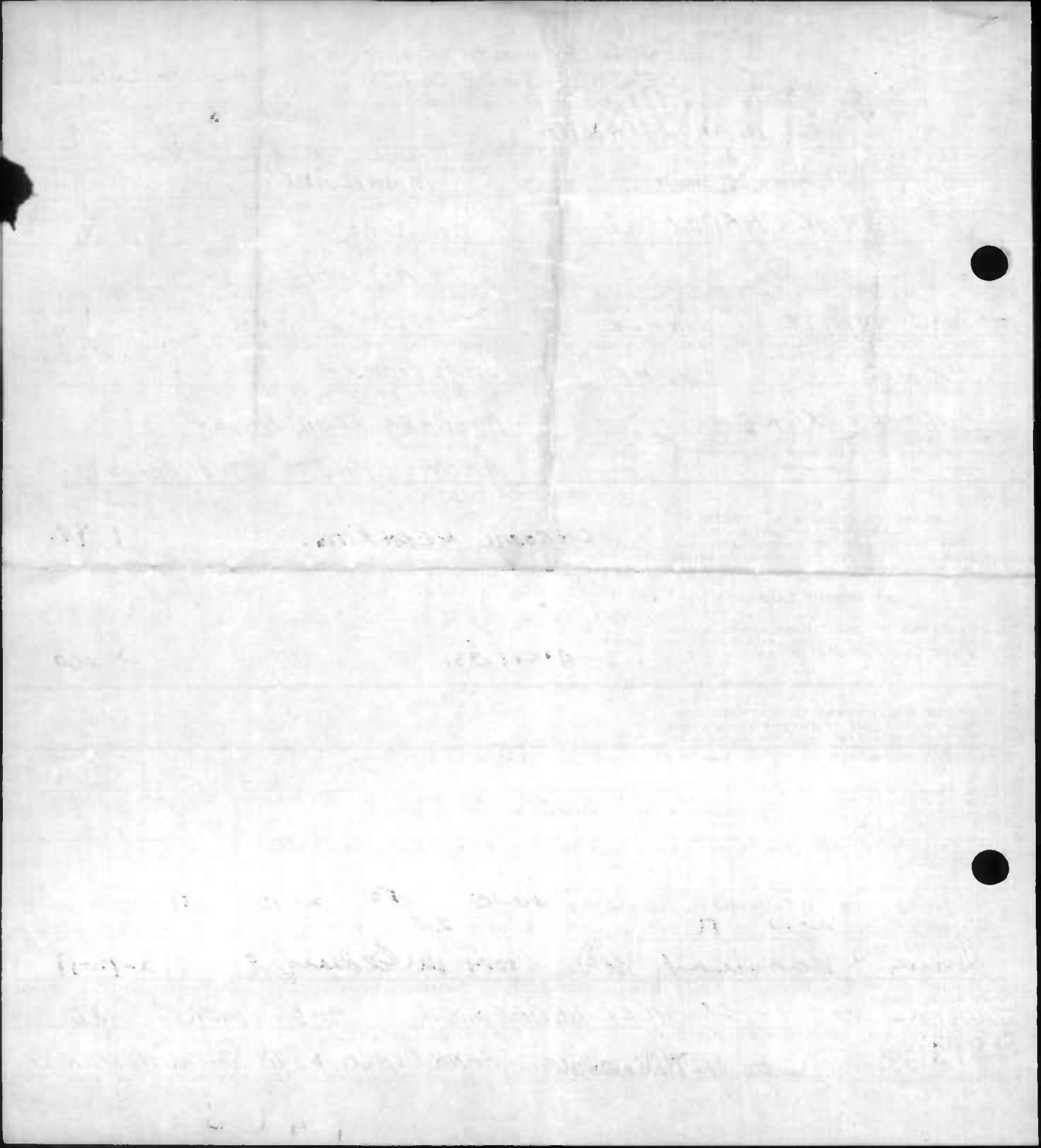
RECEIVED BY REGISTRAR

FRANK CVACH & SON 900 N. CHESTER ST

2-14-51 HOLY REDEEMER BALTIMORE MD

VS 150

MEDICAL CERTIFICATION



-553
51. 1405

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

51. 1405

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bertha Hammond		2. DATE OF DEATH Feb. 11, '51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 4+02	
D. LENGTH OF STAY IN BALTIMORE 22 Days		E. STREET ADDRESS (If rural, give location) 681 Mulberry St	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-18-14
9. AGE (in years last birthday) 36		10. AGE (in years last birthday) 36	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Simon Hammond		14. MOTHER'S MAIDEN NAME Laura Dorsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Probable brain metastases		INTERVAL BETWEEN ONSET AND DEATH 2 wks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Epidural carcinoma cancer		10 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilateral hydronephrosis Tumor metastases to pelvical organs		

19A. DATE OF OPERATION 2-14-1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 19, 1951 to Feb. 11, 1951 that I last saw the deceased alive on Feb. 11, 1951 and that death occurred at 3:30 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE Lawrence R. Whitted M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2-14-1951	24C. NAME OF CEMETERY OR CREMATORY Woodville	24D. LOCATION (City, town, or county) (State) Frederick Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.	25. FUNERAL DIRECTOR G. M. Waltz, Winfield, Md.

7208A

48a

MEDICAL CERTIFICATION

- 1 -

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

23-9-9

1

525

51 1406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1406
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isaac Johnson.

2. DATE
OF
DEATH

2/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1732-N. Calvert st.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M. Col.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sanitor

13. FATHER'S NAME

George Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or Unknown)

Yes W.W.#1

16. SOCIAL
SECURITY NO.

2829

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE before admission)

Md. City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-05

D. STREET ADDRESS (If rural, give location)

1732-N. Calvert st.

8. DATE OF BIRTH

Oct. 12/1889

9. AGE (In years)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. C.

14. MOTHER'S MAIDEN NAME

Thellie ?

17. INFORMANT

Alice Johnson

ADDRESS

1732-N. Calvert st.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(A) ...

DUE TO

Carcinoma of Lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1951, to 2/11, 1951, that I last saw the
deceased alive on 2/11, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Isaac Johnson

M. D.

23B. ADDRESS

2829 Guilford Ave.

23C. DATE SIGNED

Feb. 14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Nat. Cemetery

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Williams, M.D.

ADDRESS

918-

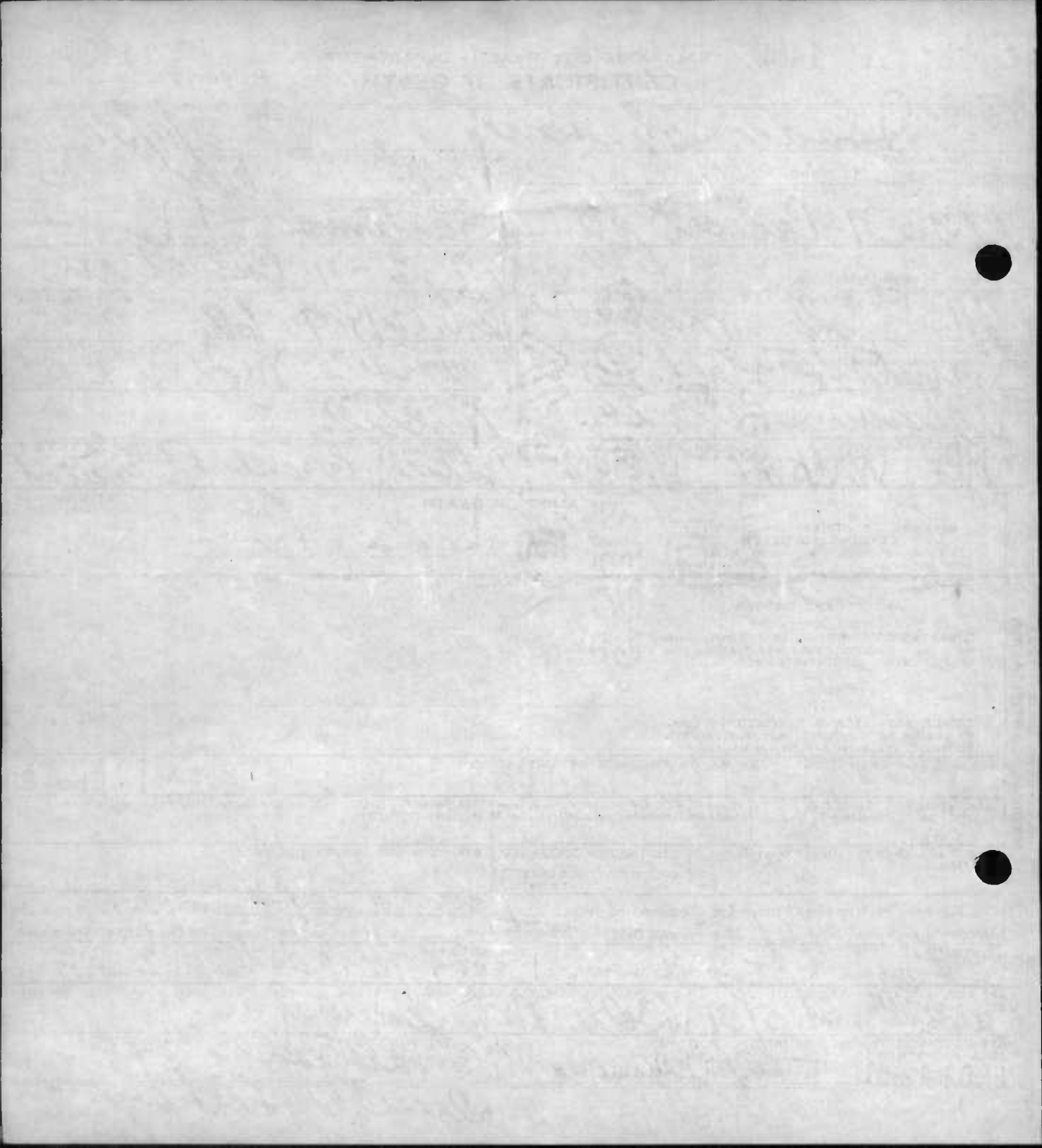
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770 74

revised fill in

47D

MEDICAL CERTIFICATION



56051 1407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1407

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. ZIEMER

2. DATE
OF
DEATH

Feb. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3115 Clifton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3115 Clifton Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 11, 1887

9. AGE (In years
last birthday)

63

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self Employed

10B. KIND OF BUSINESS OR
INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. N. Ziemer

14. MOTHER'S MAIDEN NAME

Dora Tropman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Helen Ziemer - 3115 Clifton Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Anemia

Hypertensive C.V. Disease

Apoplexy

4-5 yr

1 1/2 yr

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st 1951 to Feb 13, 1951, that I last saw the
deceased alive on Feb 13, 1951 and that death occurred at 7:48 m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1951

Huntington Williams, M.D.

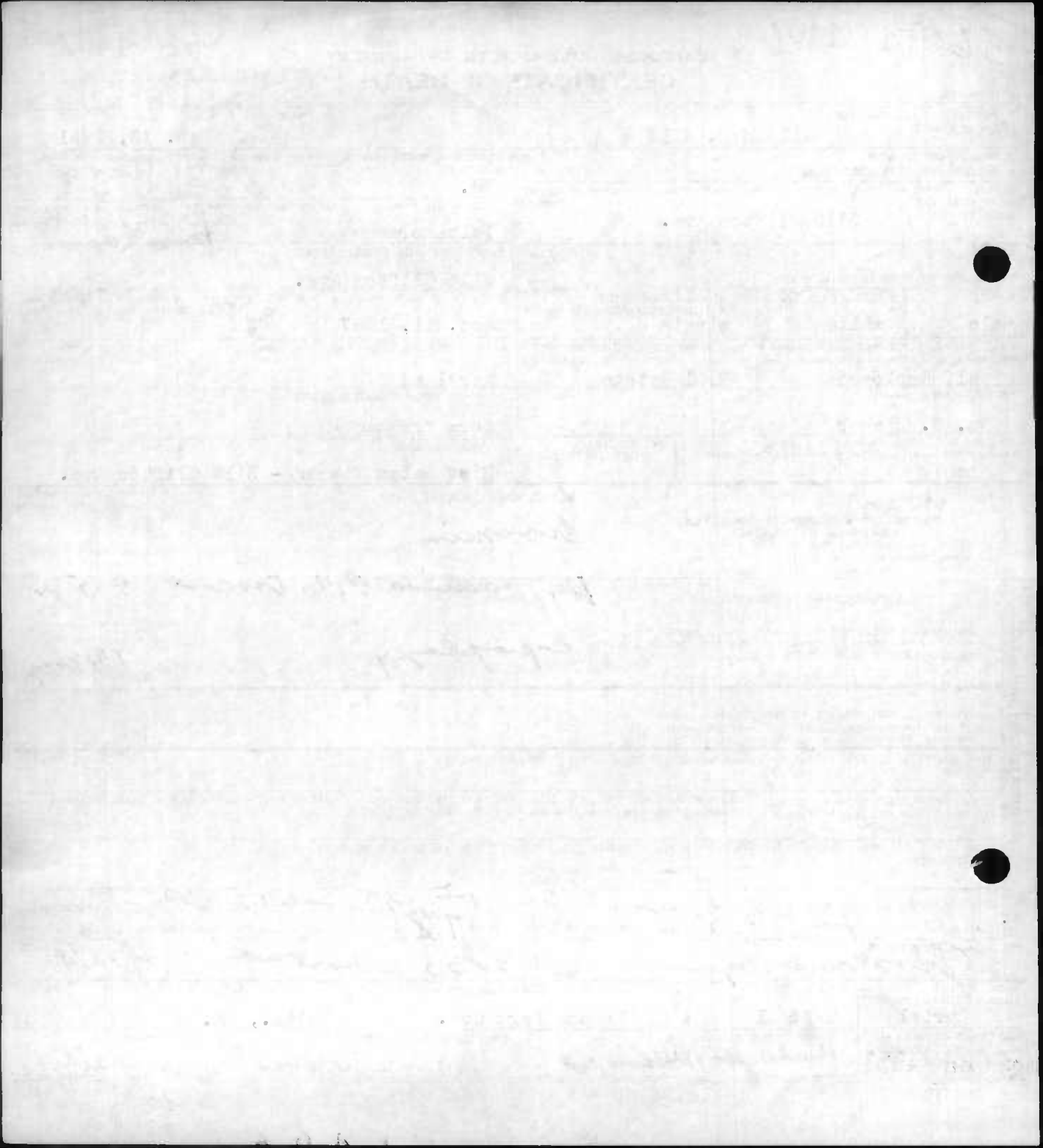
Thm. J. Tiekner & Sons - Balto., Md.

VS 150

47074

937

MEDICAL CERTIFICATION



345 51 1408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1408

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE G. GOTTLING

2. DATE
OF
DEATH Feb. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

411 Hawthorne Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.B. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

411 Hawthorne Rd.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 30, 1864

9. AGE (in years
last birthday)

86

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Shamer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Phillip F. Gottling - 1105 Argonne Drive

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cereb. Vas accident

INTERVAL BETWEEN
ONSET AND DEATH

Feverish

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cereb. vascular disease

Yes

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1944, to Feb. 13, 1951, that I last saw the
deceased alive on Feb. 12, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

2-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

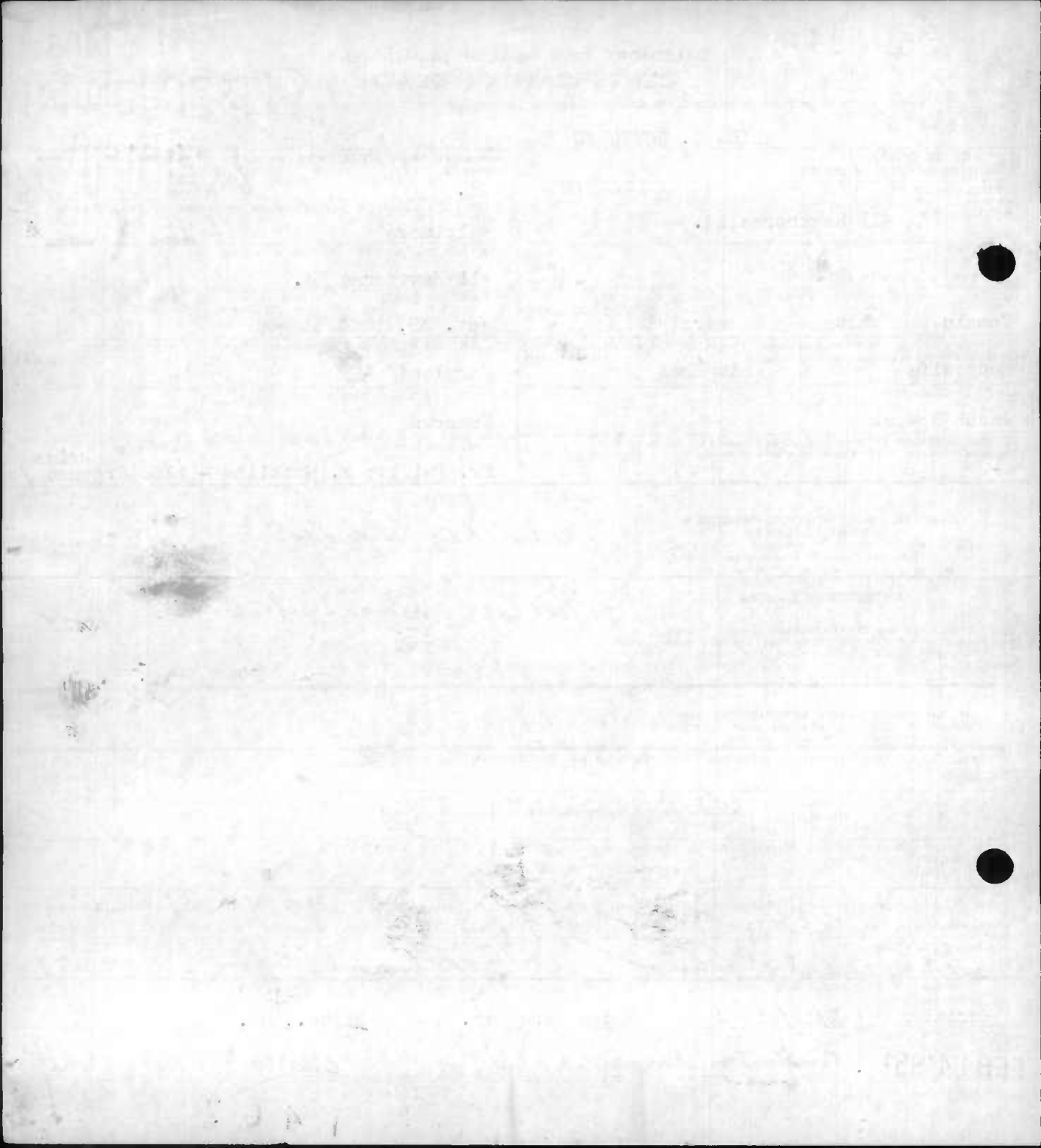
Wm. J. Tichner & Sons - Balto

ADDRESS

Md.

VS 150

MEDICAL CERTIFICATION



62351 1409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1409
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Dorsett

2. DATE
OF
DEATH

Feb. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1619 Ellamont St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-07

D. STREET ADDRESS (If rural, give location)

1619 Ellamont St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 23, 1898

9. AGE (In years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman Relay Shop

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Dorsett

14. MOTHER'S MAIDEN NAME

Eva Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary M. Dorsett - 1619 Ellamont St.

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Rammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Vickers & Sons -

ADDRESS

94a Balto Md.

CERTIFICATE OF DEATH

<p>NAME OF DECEASED</p>	
<p>AGE</p>	
<p>SEX</p>	
<p>RACE</p>	
<p>DATE OF DEATH</p>	
<p>PLACE OF DEATH</p>	
<p>CAUSE OF DEATH</p>	
<p>IMMEDIATE CAUSE OF DEATH</p>	
<p>UNDERLYING CAUSE OF DEATH</p>	
<p>DATE OF BIRTH</p>	
<p>PLACE OF BIRTH</p>	
<p>EDUCATION</p>	
<p>OCCUPATION</p>	
<p>RELIGION</p>	
<p>DATE OF MARRIAGE</p>	
<p>NAME OF SPOUSE</p>	
<p>DATE OF DEATH OF SPOUSE</p>	
<p>NAME OF CHILDREN</p>	
<p>DATE OF BIRTH OF CHILDREN</p>	
<p>DATE OF DEATH OF CHILDREN</p>	
<p>DATE OF INTERMENT</p>	
<p>PLACE OF INTERMENT</p>	
<p>NAME OF FUNERAL HOME</p>	
<p>DATE OF FUNERAL</p>	
<p>NAME OF MINISTER</p>	
<p>DATE OF BURIAL</p>	
<p>NAME OF BURIAL PLACE</p>	
<p>DATE OF CREMATION</p>	
<p>NAME OF CREMATOR</p>	
<p>DATE OF CREMATION</p>	
<p>NAME OF CREMATION PLACE</p>	
<p>DATE OF INTERMENT</p>	
<p>PLACE OF INTERMENT</p>	
<p>NAME OF FUNERAL HOME</p>	
<p>DATE OF FUNERAL</p>	
<p>NAME OF MINISTER</p>	
<p>DATE OF BURIAL</p>	
<p>NAME OF BURIAL PLACE</p>	
<p>DATE OF CREMATION</p>	
<p>NAME OF CREMATOR</p>	
<p>DATE OF CREMATION</p>	
<p>NAME OF CREMATION PLACE</p>	

16931 1410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1410
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

A. HARRY SHEFFER

2. DATE
OF
DEATH

Feb. 12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Kennesaw Nursing Home
2601 Roslyn Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Balto. township)

D. STREET ADDRESS (If rural, give location)

3405 Hilton Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 3, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Paper Box

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jesse W. Sheffer

14. MOTHER'S MAIDEN NAME

Isabelle Keifel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. W. Sheffer - 3909 Forest Park Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary Thrombosis
DUE TOOne hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Chronic myo-endocarditis
DUE TO10 mo.(C) Arterio-sclerosis with hypertension
DUE TO?II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Previous coronary infarction

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1950 to Feb. 12, 1951, that I last saw the
deceased alive on Feb. 8, 1951, and that death occurred at 7:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Maurice E. Shamer

M. D.

23B. ADDRESS

3300 W. North Ave.

23C. DATE SIGNED

2/13/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

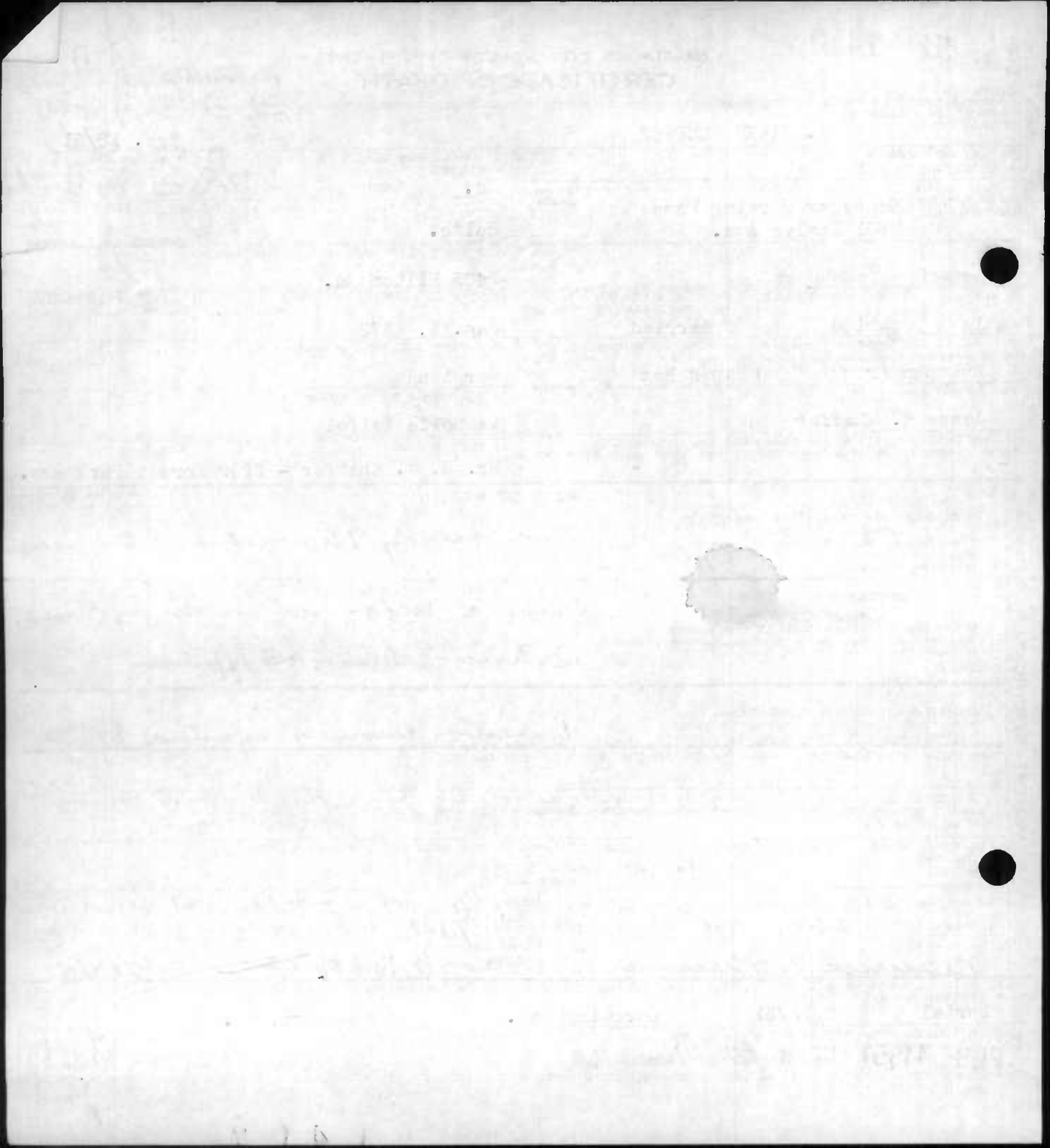
REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickens & Sons - BaltoMd.



634 51 1411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1411
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD BRADLEY

2. DATE
OF
DEATH

2/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

27-14

D. STREET ADDRESS (If rural, give location)

107 BEECHDALE RD.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11/30/1876

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Examiner-rtd

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Bradley

14. MOTHER'S MAIDEN NAME

Fannie Davenport

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

Spanish American

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Mary Bradley - 107 Beechdale Rd.

18. 420.1 and E-903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY OCCLUSION

8 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ARTERIO SCLEROSIS, GEN'L.

DUE TO

(C)

CERTIFICATION APPROVED BY

Ph. D. C. J. Jankowski

William J. Jankowski M.D.

CHIEF OR ASST. MEDICAL EXAMINER

INTERTRICANTERIC FRACTURE, RT.

11 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)

107 Beechdale Road

21D. TIME (Month) (Day) (Year) (Hour)

Feb. 2, 1951 ?

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell to floor in kitchen

22. I hereby certify that I attended the deceased from Feb. 2, 1951 to Feb. 12, 1951 that I last saw the
deceased alive on Feb. 12, 1951 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

University Hosp.

2/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Green Hill Cem.

24D. LOCATION (City, town, or county)

Waynesboro, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

William J. Jankowski

25. FUNERAL DIRECTOR

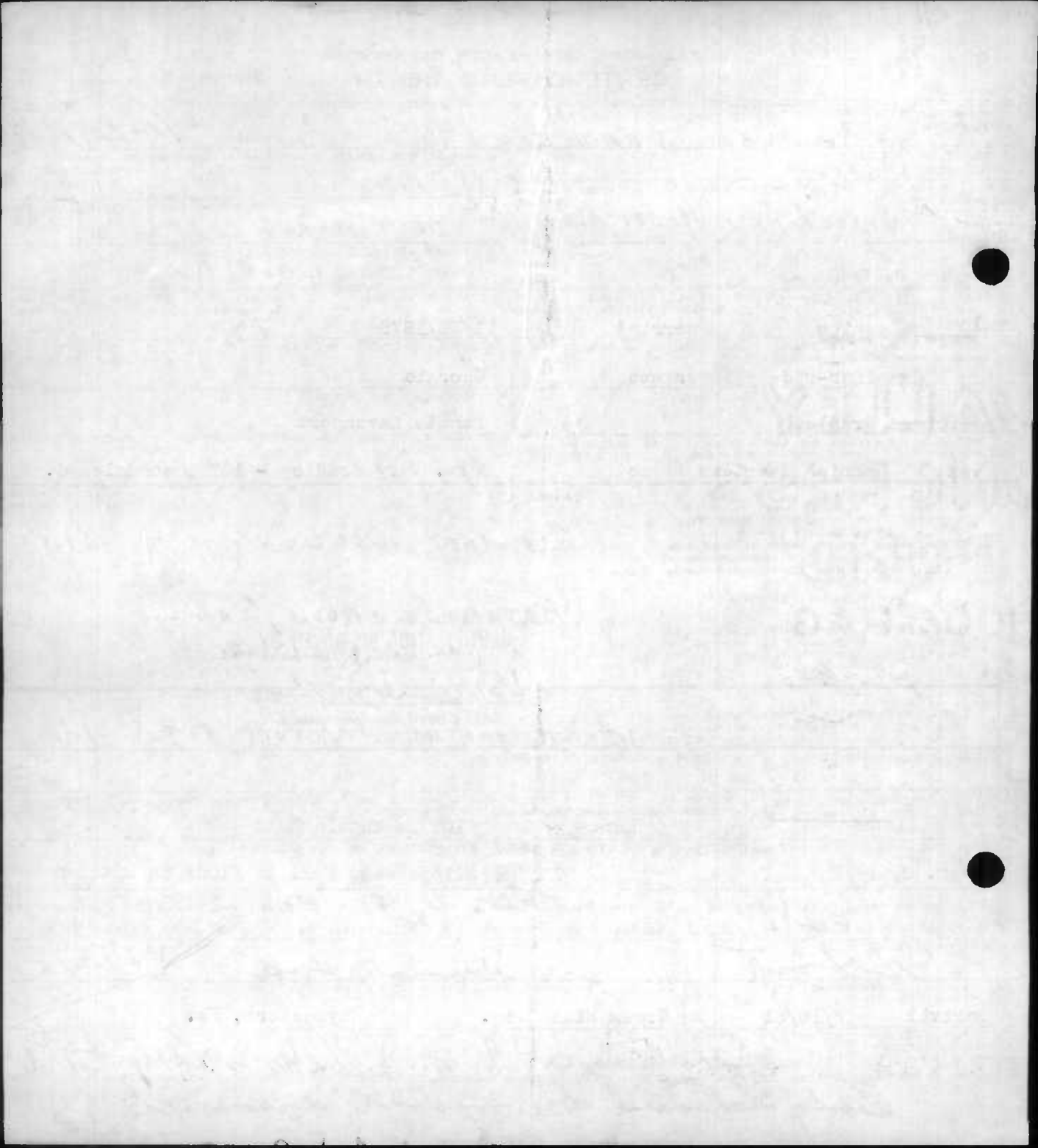
ADDRESS

Wm. J. Pickner & Son - Balt. Md.

VS 150

Body released by medical examiner 94a
390 73

MEDICAL CERTIFICATION



520 51 1412

51 1412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) JULIA MONES		2. DATE OF DEATH 2-9-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 14-07	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1422 MADISON AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17	
6. Length of stay in Baltimore 20 YEARS		D. STREET ADDRESS (If rural, give location) 1422 MADISON AVE.	
5. SEX FEMALE	6. COLOR OR RACE COLOR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 27, 1883
9. AGE (In years last birthday) 67		10. CITIZEN OF WHAT COUNTRY? PHILADELPHIA, PA.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID		10B. KIND OF BUSINESS OR INDUSTRY PRIVATE	
11. FATHER'S NAME GEORGE NELSON		12. MOTHER'S MAIDEN NAME MARY ?	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		14. SOCIAL SECURITY NO. —	
15. INFORMANT MARY N. AMES		16. ADDRESS - 1422 MADISON AVE.	
17. CAUSE OF DEATH 18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriosclerotic heart disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 years 19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) none DUE TO (C) none 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1949 to Feb 9, 1951 , that I last saw the deceased alive on Feb 9, 1951 , and that death occurred at 2:46 p. m., from the causes and on the date stated above.			
23A. SIGNATURE James D. Carr		23B. ADDRESS 1427 Madison Ave	
23C. DATE SIGNED 2-13-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/14/51	
24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN		24D. LOCATION (City, town, or county) (State) BALTIMORE, 30.	
25. FUNERAL DIRECTOR Wm. A. JACKSON		26. ADDRESS 916 PENNA. AVE.	

MEDICAL CERTIFICATION

7208A

927

Julia Moore

Mayland

Talbot

Mayland

Mayland

Mayland

Mayland

Mayland

Mayland

Mayland

Mayland

Mayland

Mayland

Mayland

51 1413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1413

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie DiStefano (DeSteffano)

2. DATE
OF
DEATHFebruary
13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONVentnor Lodge
526 S. Chapelgate LA.4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTYMaryland
Baltimore 10-02C. Length of stay in Baltimore Yrs.
Mos.
Days

about 5 1/2 yrs

D. STREET ADDRESS (If rural, give location)

920 Webb Court

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

unmarried

8. DATE OF BIRTH

1873

9. AGE (in years,
last birthday)

77

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cefalu Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Santo Catanesse

14. MOTHER'S MAIDEN NAME

Theresa Rosso

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Josephine Sarace 2013 Greenmount Ave

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral hemorrhage
DUE TO with left Hemiplegia

4 1/2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis of the
DUE TO BRAIN Vessels

(C) Generalized Arteriosclerosis?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility & Bronchopneumonia? 4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1950, to Feb. 13, 1951, that I last saw the
deceased alive on Feb 12, 1951, and that death occurred at 1:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin W. Bruden

M. D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

2/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Old Frederick Rd Balt Md

DATE RECEIVED BY
LOCAL REGISTRAR

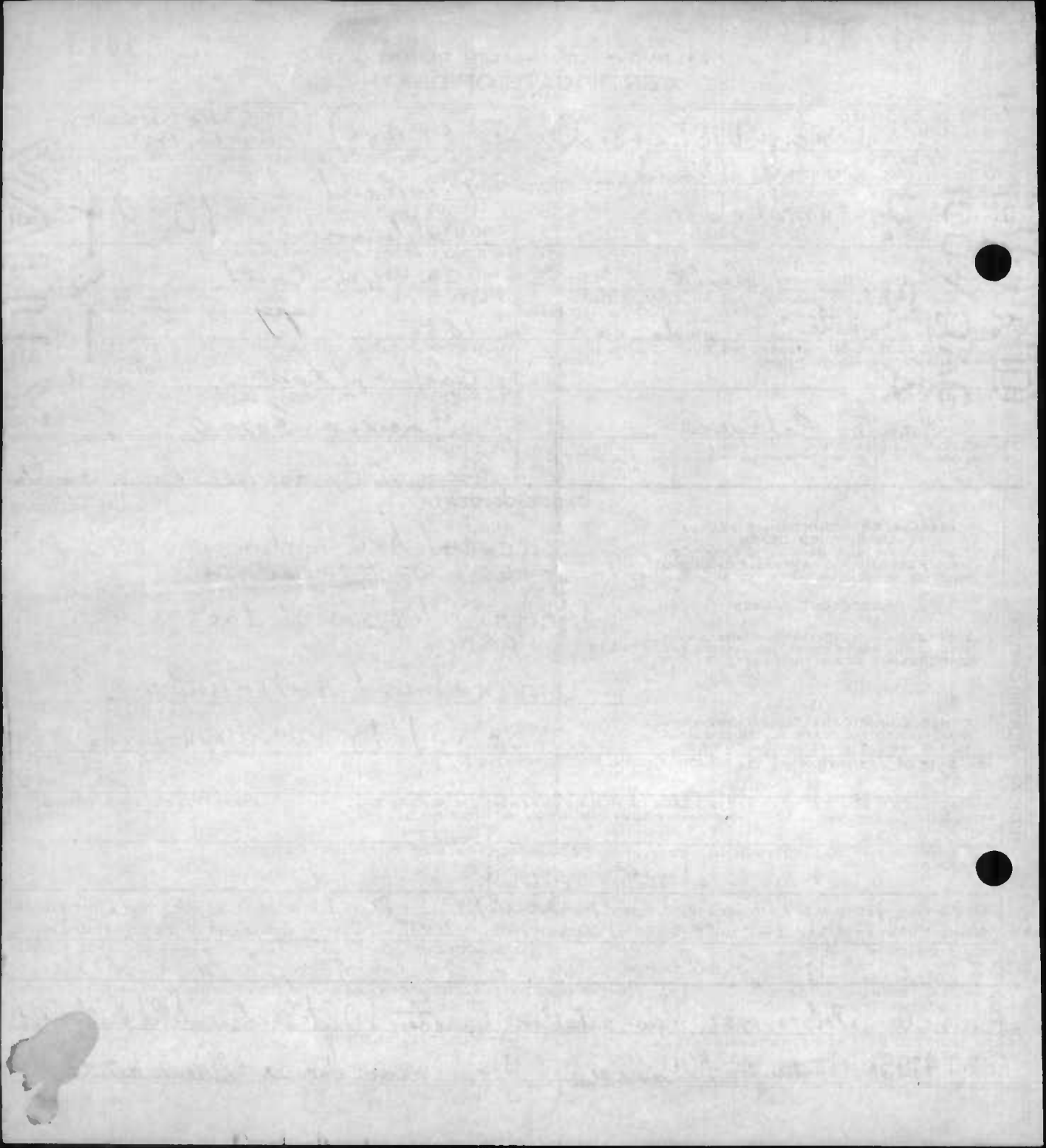
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph Sarace Inc. 2013 Greenmount Ave



55
51 1414BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1414
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALVIN C CHAPMAN			2. DATE OF DEATH FEB 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) 1558 Argyle Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1558 Argyle Ave.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N O			14. MOTHER'S MAIDEN NAME O		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. N		17. INFORMANT ADDRESS N

18. 4/22/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Arteriosclerotic cardiovascular disease DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspe. + Insp. thereon and from the evidence obtained by said Autopsy , Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED FEB 4, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
				24D. LOCATION (City, town, or county) (State) FEB 9 1951	

DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		REGISTRAR'S SIGNATURE Arthur J. Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health	
				ADDRESS	

CERTIFICATE OF DEATH



420
REA-145863

BALTIMORE CITY HEALTH DEPARTMENT

51 1415

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

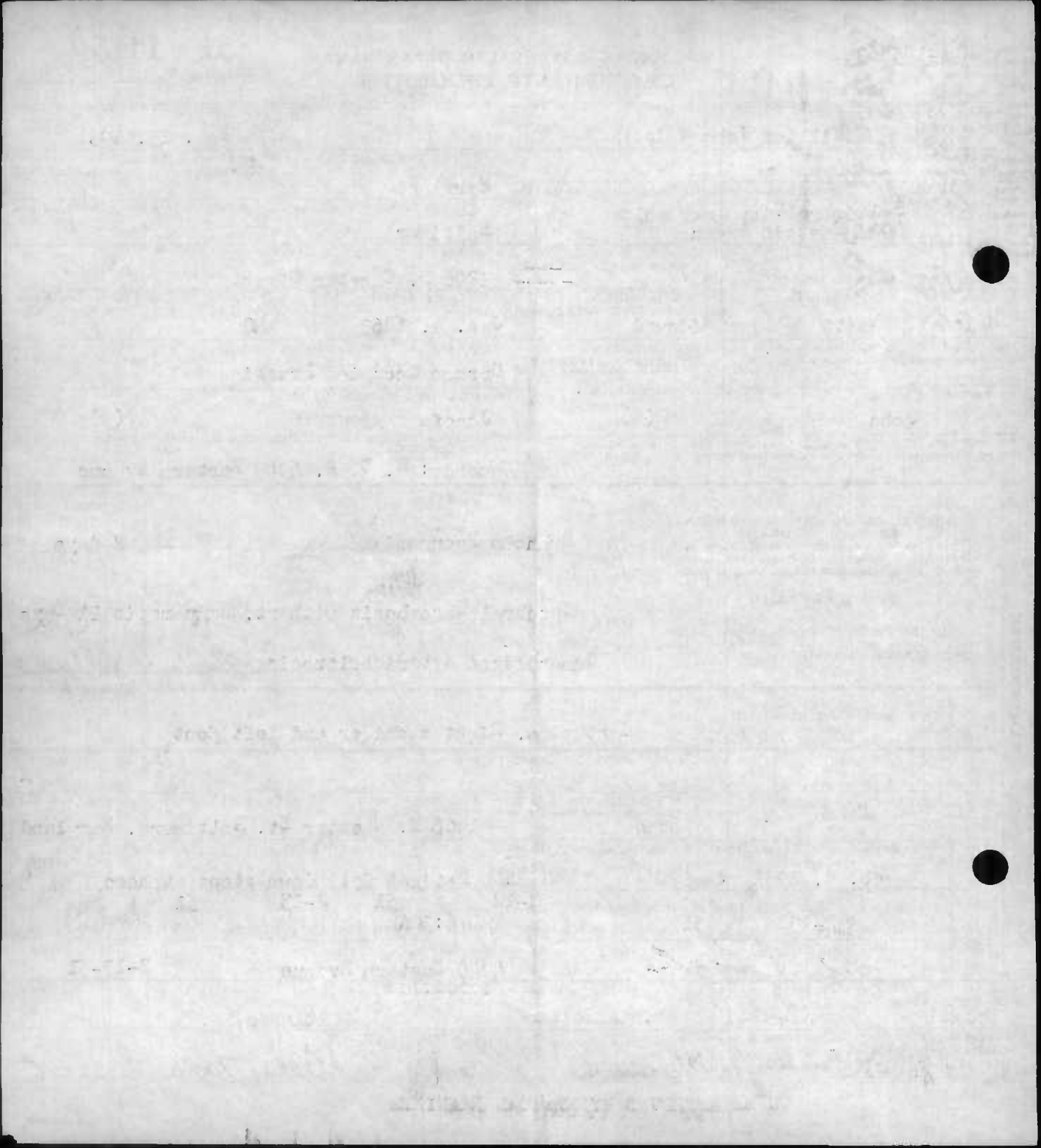
51 1415

1. NAME OF DECEASED (Type or Print) William John Waleski			2. DATE OF DEATH Feb. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 79 Yrs. Mo. Days			D. STREET ADDRESS (If rural, give location) 1206 N. Chester Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 4, 1863		9. AGE (in years last birthday) 88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner		10B. KIND OF BUSINESS OR INDUSTRY Cundry Sanatorium Athol Balto, Md.	11. BIRTHPLACE (State or foreign country) German Occupied Prussia		12. CITIZEN OF WHAT COUNTRY? (D) ✓
13. FATHER'S NAME John Waleski (D)			14. MOTHER'S MAIDEN NAME Jozefa Ryjewski (D) ✓		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-18-9752	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		
18. 332 X and E900.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Broncho Pneumonia (B) Cerebral Thrombosis with rt. temporoparietal infarct (C) Generalized Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Contusion, Right shoulder and left foot			INTERVAL BETWEEN ONSET AND DEATH 2 days 11 days M. Stanley H. D... SINCE OR LAST MEDICAL EXAMINED		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1206 N. Chester St. Baltimore, Maryland	
21D. TIME (Month) (Day) (Year) (Hour) INJURY Feb. 2, 1951 ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Patient fell down steps at home	
22. I hereby certify that I attended the deceased from 2-12, 1951, to 2-13, 1951, that I last saw the deceased alive on 2-13, 1951 and that death occurred at 6:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE H.S. Crogen M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 16-1951	24C. NAME OF CEMETERY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS George R. Weber 705 S. Penn St.	

VS 150

TO BE APPROVED BY MEDICAL EXAMINER

83B



560 51 1416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1416
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Barnett Pymer

2. DATE
OF
DEATH

Feb 13, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1P

D. STREET ADDRESS (If rural, give location)

Embassador Apts.

12-01

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 23, 1897

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Circulator

10B. KIND OF BUSINESS OR INDUSTRY

Bakery

11. BIRTH PLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Henry Pymer

14. MOTHER'S MAIDEN NAME

Lorrah Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

W.W.#1 216-07-3368

17. INFORMANT

Charlotte Pymer Embassador Apts.

ADDRESS

18.

157X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Metastatic Carcinoma of the Pancreas

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO Metastatic Carcinoma of the Pancreas
(B) DUE TO Metastatic Carcinoma of the Pancreas
(C) DUE TO Metastatic Carcinoma of the PancreasII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-22-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, Head of the Pancreas & Metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1957, to Feb 13, 1957, that I last saw the deceased alive on Feb 13, 1957, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Feb 13, 1957

24A. CEMETERY, CREMATION,
REMOVAL (Specify)

Cremation

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

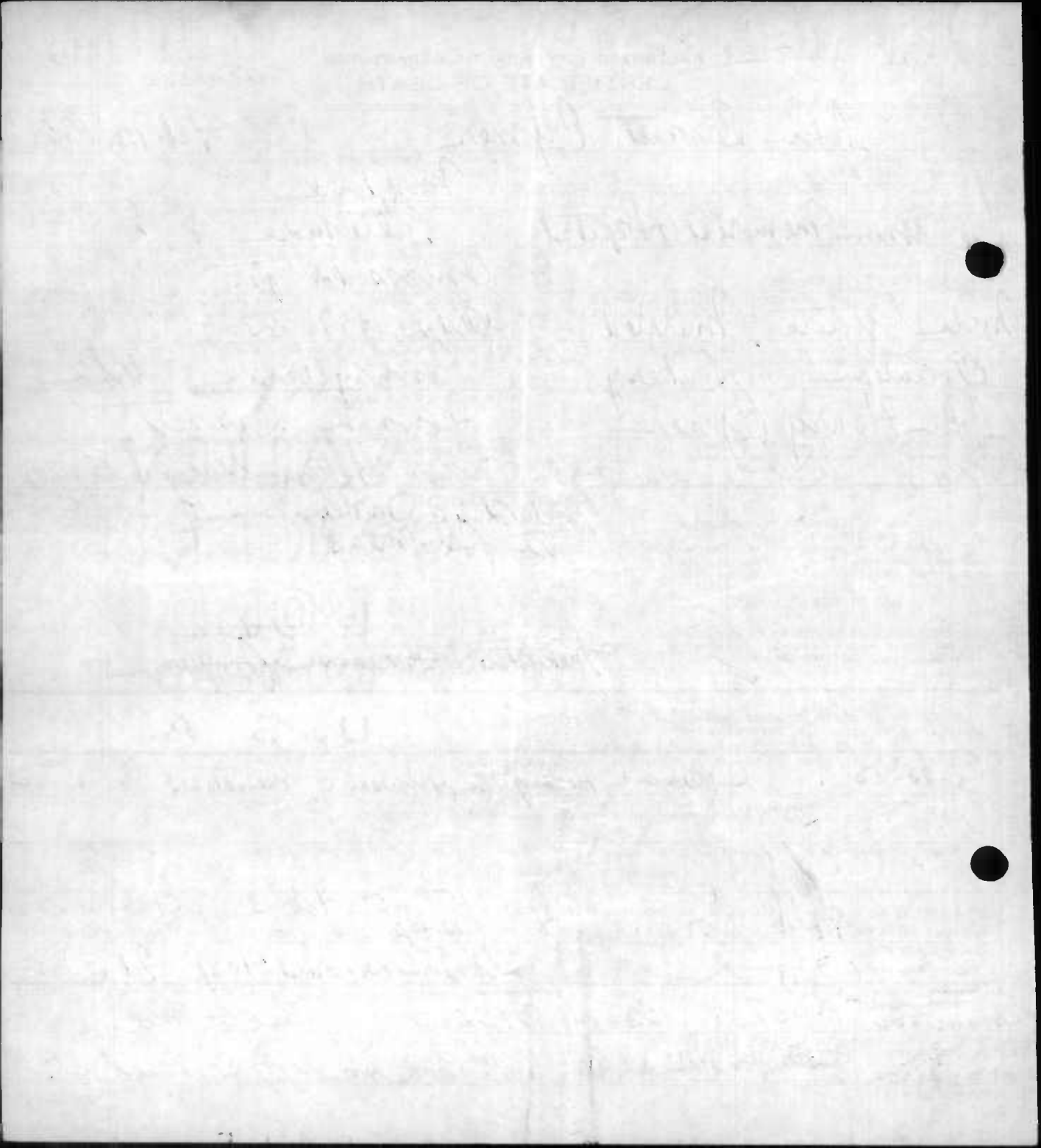
FEB 14 1957

VS 150

29044

462

MEDICAL CERTIFICATION



520 51 1417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1417
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Lenz

2. DATE
OF
DEATH

Feb 13-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4106 Northern Pkwy.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

housework

13. FATHER'S NAME

Christian Lenz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

1/5/1894

9. AGE (In years last birthday)

87

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

Mrs. Marie Lenz

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic myocarditis

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 14, 1951, to Feb 13, 1951 that I last saw the deceased alive on Feb 10, 1951, and that death occurred at 8 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edw. H. Henson

23B. ADDRESS

1 W. Overlea Ave

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr

25. FUNERAL DIRECTOR

ADDRESS

Lassahn Funeral Home 7401 Belair Rd

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Usual Residence _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Immediate Cause of Death _____

Underlying Cause of Death _____

Manner of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

520
51 1418BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1418
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mollie Emich</i>			2. DATE OF DEATH <i>2/13/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hosp</i> <i>33rd & Calvert</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore md</i> <i>12-02</i>		
C. Length of stay in Baltimore <i>89</i>			D. STREET ADDRESS (If rural, give location) <i>3034 Guilford Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>12/7/1861</i>	9. AGE (In years last birthday) <i>89 yrs</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore md</i>	
13. FATHER'S NAME <i>Daniel Emich</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
14. MOTHER'S MAIDEN NAME <i>Martha Warner</i> ✓			17. INFORMANT ADDRESS		

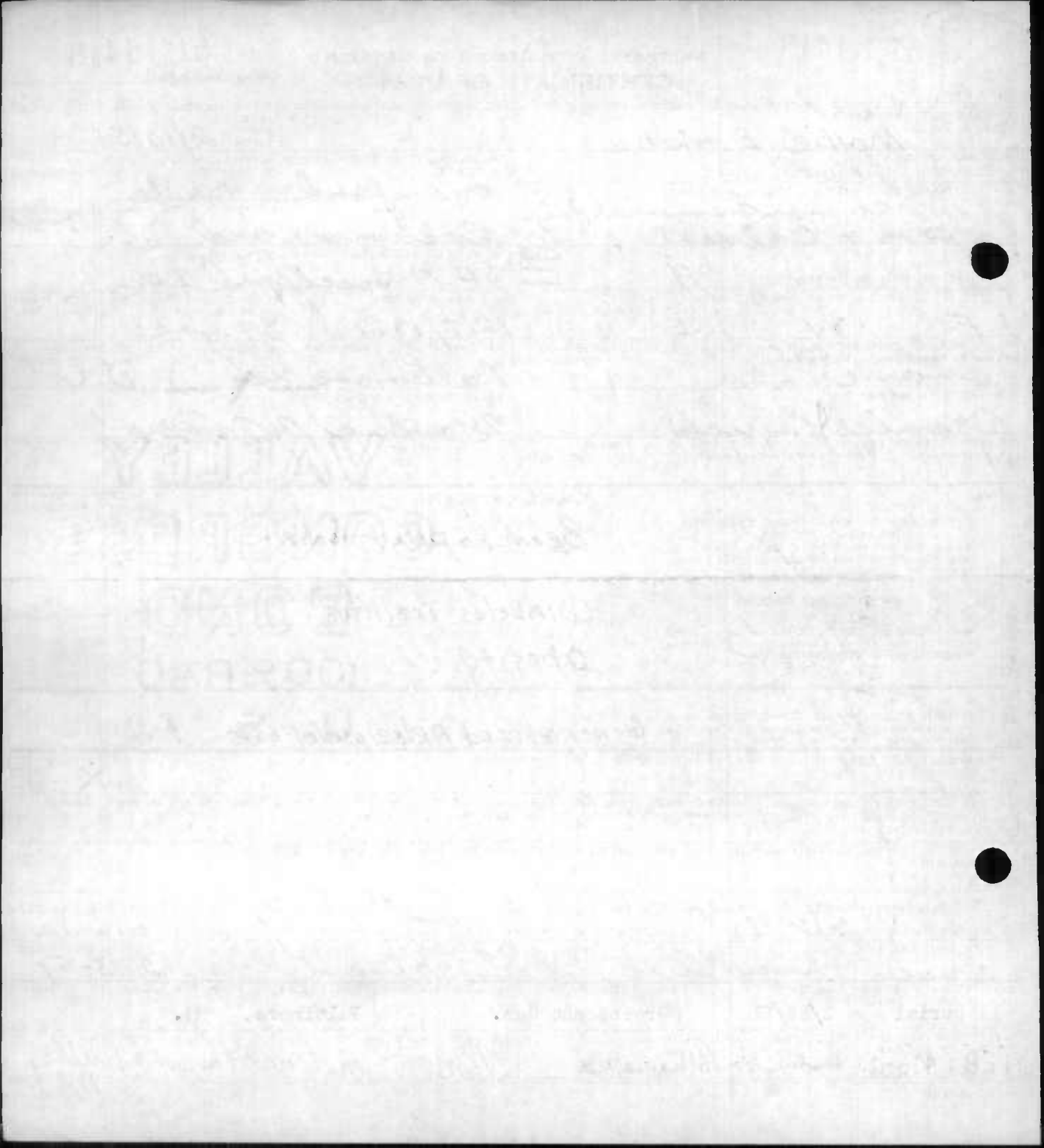
18. <i>260 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Broncho pneumonia -</i> DUE TO (B) <i>Diabetes mellitus</i> DUE TO (C) <i>Obesity</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Generalized Arteriosclerosis</i>		

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-3-* 1951, to *2-13-* 1951, that I last saw the deceased alive on *2-13-* 51, 19____, and that death occurred at *4:00 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Francis Russell Watt</i> M.D.	23B. ADDRESS <i>Union Memorial Hosp.</i>	23C. DATE SIGNED <i>2-13-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/16/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cem.</i>
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Lickner & Sons</i>	25. FUNERAL DIRECTOR <i>Wm. J. Lickner & Sons</i>	ADDRESS <i>Balto Md.</i>
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51 1419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1419
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. BROOME

2. DATE
OF
DEATH

Feb. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1108 Ashburton St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Can

13. FATHER'S NAME

George Broome

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1108 Ashburton St.

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

8. DATE OF BIRTH

Sept. 15, 1881

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ida Henry

17. INFORMANT

ADDRESS

Mrs. George Broome - 1108 Ashburton St.

18. 157X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Pancreas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Dec 20 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Pancreas

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20 1950 to Feb 13 1951, that I last saw the deceased alive on Feb 12 1951, and that death occurred at 8:45 am, from the causes and on the date stated above.

23A. SIGNATURE

Albert Scagnetti

M. O.

23B. ADDRESS

1729 W Lombard St

23C. DATE SIGNED

Feb 14 '51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/51

24C. NAME OF CEMETERY OR CREMATORY

Chester Cem.

24D. LOCATION (City, town, or county)

Chestertown, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickens & Sons - Balto

ADDRESS

VS 150

5443D

469 Md.

MEDICAL CERTIFICATION

Commission of Inquiry

Commission of Inquiry

Commission of Inquiry

Commission of Inquiry

51 1420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1420

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE

PARKER

2. DATE
OF
DEATH

February 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

909 N. Stricker Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

11/6/1913 37

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dulse Bathe

14. MOTHER'S MAIDEN NAME

Mary Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

3

17. INFORMANT

ADDRESS 1211

Lorne Parker n. Parker

18. E 900.0

I CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral concussion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute alcoholism

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

909 N. Stricker Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 11, 1951 9:30 A. m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Fell down stairs from 2nd to 1st floor

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. K. Deane

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Balto Nat

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

H. K. Deane

25. FUNERAL DIRECTOR

Geo. H. Kelson

ADDRESS

186a

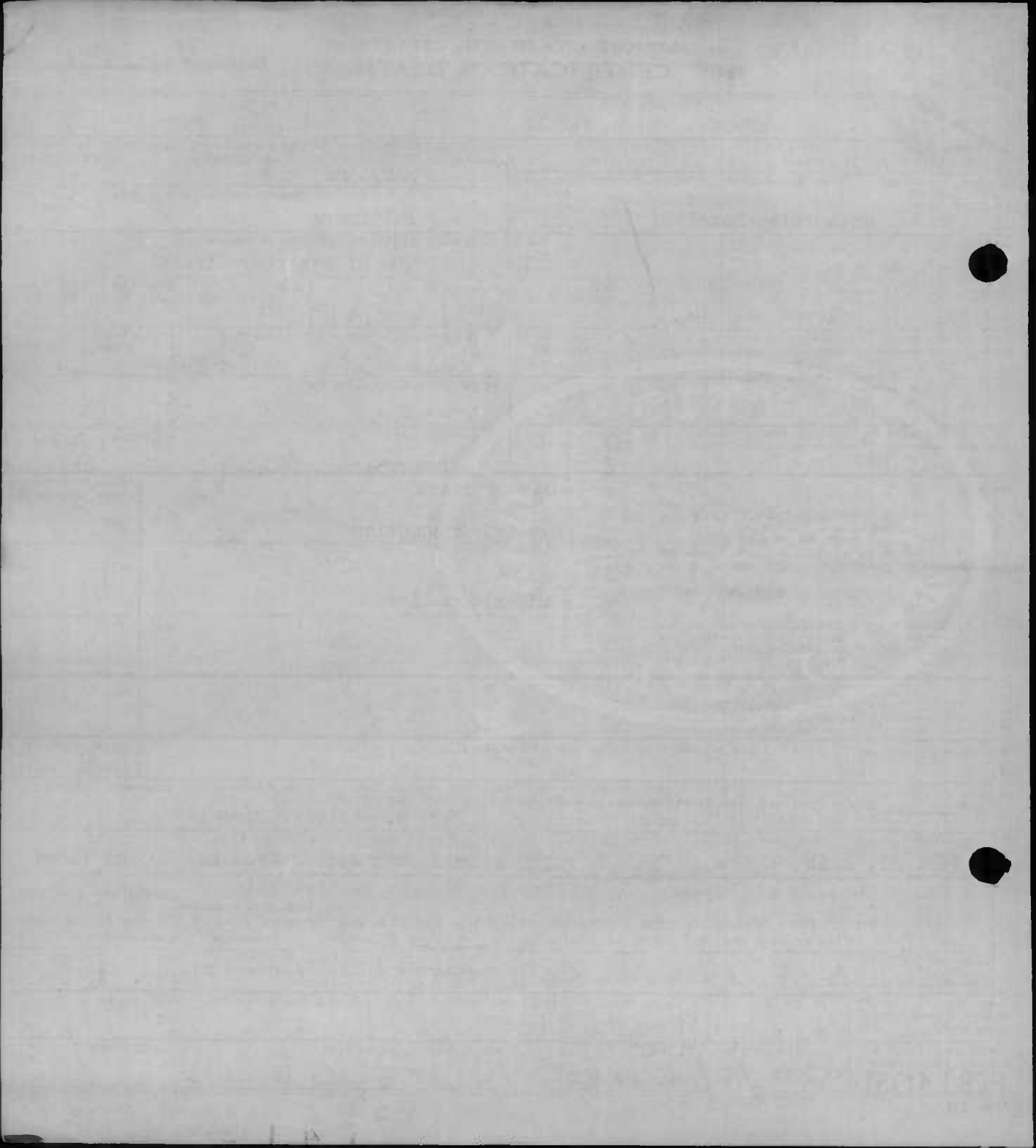
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7208A

1303

Presbyterian



520

51 1421

MARY E HORNES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 1421

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Mary E. Hornes

2. DATE
OF
DEATH

2-13-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

Md. Anne Arundel

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dunithcym.

d. STREET ADDRESS (If rural, give location)

311 N Camp Meade - 5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

6-30-83

9. AGE (in years last birthday)

67

If Under 1 Year Months: Days

6 14

If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no not known) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Brain embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial infarction

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1951, to 2-13, 1951, that I last saw the deceased alive on 2-13, 1951, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE

J. A. Zza

M. D.

23b. ADDRESS

Bon Secours Hosp.

23c. DATE SIGNED

2-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2/16/51

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park

24d. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

Feb 16 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. E. B. G. Rohde

ADDRESS

2327 Edmondson Ave

FEB 14 1951

94a

MEDICAL CERTIFICATION

FOUND
CUBA 27/2
CUBA 52

51 1422

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1422
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth M. Hamburger

2. DATE
OF
DEATH

Feb. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Cylburn Ct. Apts. Eutaw Pl. & Brooks

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

La. Baltimore

D. STREET ADDRESS (If rural, give location)

Eutaw Pl. & Brooks Lane. Cylburn Ap

C. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 25, 1893

9. AGE (In years last birthday)

57

10 Under 1 Year
Months: Days

8 18

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Maurice Manko

14. MOTHER'S MAIDEN NAME

Carrie Kaufman (Cylburn Ct. Apt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Hamburger Eutaw Pl. & Brook La

18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2.3 yrs

2.3 yrs

2.3 yrs

2.3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1950, to Feb. 12, 1951, that I last saw the deceased alive on Feb. 12, 1951, and that death occurred at 4:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1951

Huntington Williams, M.D.

David Sordheim, 1902 Eutaw

VS 150

(H. W. Prunakoff)

131a

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

4

1911

255
51 1423BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1423
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY A. McMONAGLE

2. DATE
OF
DEATH 2/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

312 East 22nd Street

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

312 East 22nd Street

5. SEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed8. DATE OF BIRTH
18749. AGE (in years
last birthday) 76# Under 1 Year
Months: Days# Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY -11. BIRTHPLACE (State or foreign country)
Ireland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip Merriman

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no -16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Mary McMonagle-312 E. 22nd St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

about
84 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1950, to Feb. 12, 1951, that I last saw the
deceased alive on Feb. 11, 1951, and that death occurred at 6:10 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

2/15/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

City

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1951

Wiedefeld & Son

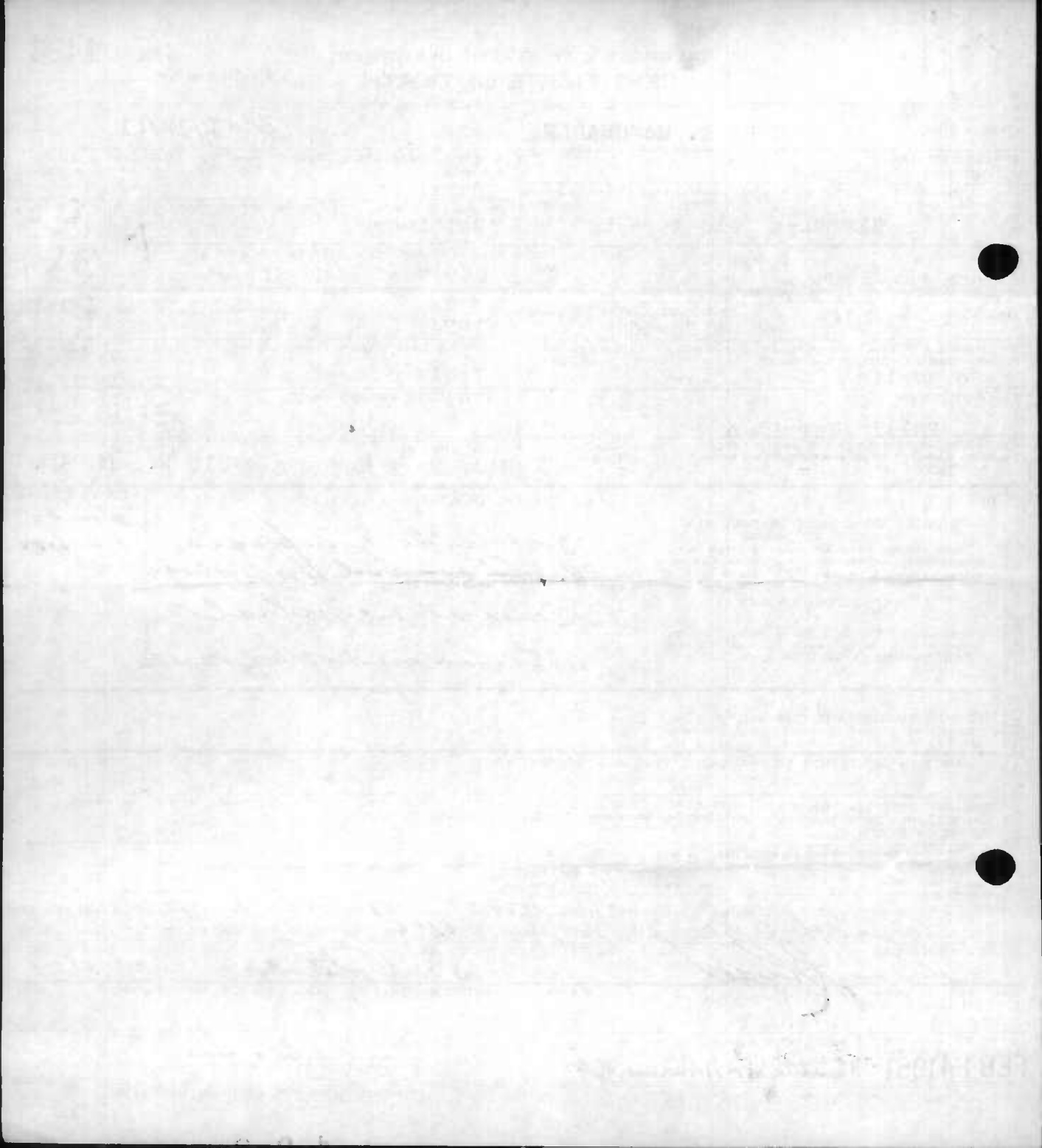
WIEDEFELD & SON

GREENMOUNT AVE & 22ND

VS 150

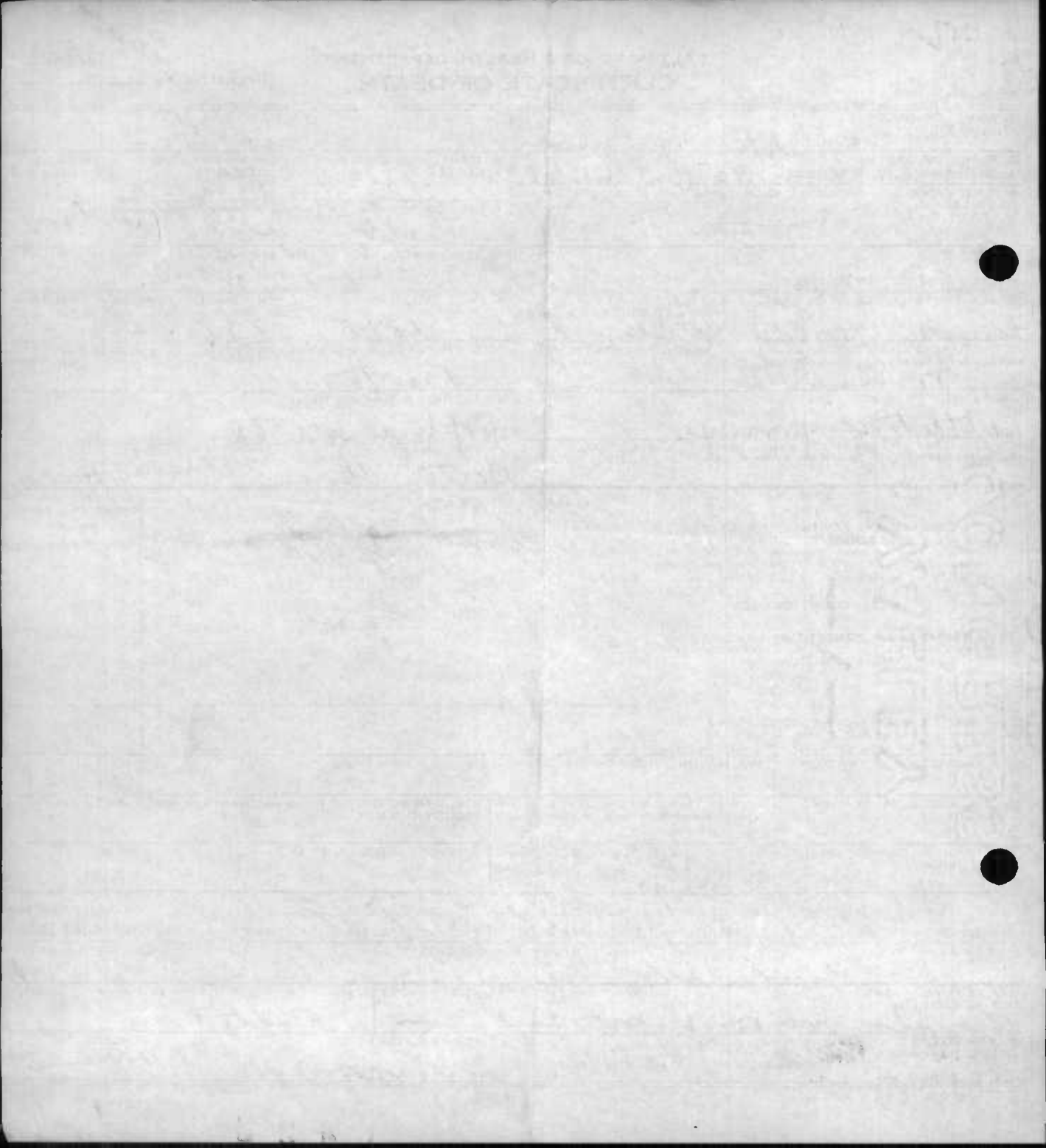
83a

MEDICAL CERTIFICATION



452
51 1424BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1424
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Saphia Halmes</i>		2. DATE OF DEATH <i>2/13-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2135-Bond Hill</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>2135-D.C.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balti</i> <i>14-03</i>	
7. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location) <i>2135-Bond Hill</i>	
9. SEX <i>Female</i>	10. COLOR OR RACE <i>Colored</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	12. DATE OF BIRTH <i>1898</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		14. AGE (In years last birthday) <i>83 yrs</i>	
15. KIND OF BUSINESS OR INDUSTRY <i>none</i>		16. BIRTHPLACE (State or foreign country) <i>Balti</i>	
17. FATHER'S NAME <i>Littleton Jones</i>		18. MOTHER'S MAIDEN NAME <i>Sophia Watts</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO.	
21. INFORMANT <i>Bertha Thomas</i>		22. ADDRESS <i>2101 Bond Hill</i>	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Apoplexy</i>		24. CAUSE OF DEATH <i>Paralysis</i>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		26. INTERVAL BETWEEN ONSET AND DEATH	
27. DATE OF OPERATION		28. MAJOR FINDINGS OF OPERATION	
29. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
30. ACCIDENT, SUICIDE, HOMICIDE (Specify)		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
35. HOW DID INJURY OCCUR?			
36. I hereby certify that I attended the deceased from <i>8/13/1950</i> to <i>2/13/1951</i> , that I last saw the deceased alive on <i>2/13/1951</i> , and that death occurred at <i>9:30</i> m., from the causes and on the date stated above.			
37. SIGNATURE <i>Bertha Thomas</i>		38. ADDRESS <i>2135 Bond Hill</i>	
39. DATE <i>Feb 17-51</i>		40. NAME OF CEMETERY OR CREMATORY <i>mt auburn</i>	
41. LOCATION (City, town, or county) (State) <i>Balti</i>		42. FUNERAL DIRECTOR <i>James Astayis</i>	
43. ADDRESS <i>638 N. 9th</i>			
44. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		45. REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	
46. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1951</i>		47. VS 150	



625
1 1425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1425

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NELLIE MORGAN		2. DATE OF DEATH 2/11/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore 35 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1523 N. FULTON AVE.	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1907
9. AGE (In years last birthday) 43		10. BIRTHPLACE (State or foreign country) Howard Co. Md.	
11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Chas. Turner		14. MOTHER'S MAIDEN NAME Mary Reynolds	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or oooooo) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Livingston Morgan		ADDRESS 1523 N. FULTON AVE	

MEDICAL CERTIFICATION

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE DUE TO HYPERTENSION ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSION DUE TO HYPERTENSION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/11 , 19 51 , to 2/11 , 19 51 , that I last saw the deceased alive on 2/11 , 19 51 , and that death occurred at 11:20 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE John F. Strahan M. D.		23B. ADDRESS University Hosp	
23C. DATE SIGNED 2/11/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/15/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Zion	24D. LOCATION (City, town, or county) (State) Long Green, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		REGISTRAR'S SIGNATURE Wm I. Chatman Jr.	
25. FUNERAL DIRECTOR Wm I. Chatman Jr.		ADDRESS 1701 M. E. Pullen St. Balto. Md.	

RECEIVED
JAN 30 1955

CHRYSLER

WILLIAM CHRISTOPHER CHRYSLER

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460
1426

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1426
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harry R Taylor			2. DATE OF DEATH Feb. 13, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION 2653 Harlem Ave.			c. CITY OR TOWN Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 2653 Harlem Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1877	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Fritz Machine Shop		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Emil Taylor			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 214-01-8253		
17. INFORMANT Mrs. Mamei Taylor			ADDRESS 2835		

18. **450.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Generalized Arteriosclerosis 10 yrs.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **February 2, 1951**, to **February 13, 1951**, that I last saw the deceased alive on **February 13, 1951**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE
Norman R Kleinman
M. O. **3803 Edmondson Ave**
23B. ADDRESS
2/14/51
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/16/51	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR
FEB 14 1951
REGISTRAR'S SIGNATURE
Wm. J. Williams, M.D.
25. FUNERAL DIRECTOR
John T Stansbury
ADDRESS
2700 Edmondson Ave.

3803 Ed.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1427
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY DREXLER		2. DATE OF DEATH 2/14/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Doctors Hospital		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 26-11 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		D. STREET ADDRESS (If rural, give location) 3310 Foster Ave	
C. Length of stay in Baltimore Wife		Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 61
13. FATHER'S NAME 7		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME 7	
17. INFORMANT Wm. J. Drexler		ADDRESS 3310 Foster Ave	

<p>18. 760 X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Cerebral Thrombosis</p> <p>DUE TO</p> <p>(B) Diabetes mellitus</p> <p>DUE TO</p> <p>(C) Arteriosclerosis</p>	<p>INTERVAL BETWEEN ONSET AND DEATH 2 day</p>

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-3-1951**, to **2-14-1951**, that I last saw the deceased alive on **2-14-1951**, and that death occurred at **730A** m., from the causes and on the date stated above.

23A. SIGNATURE Louis Aglano M.D.		23B. ADDRESS 2730 N. Ches.		23C. DATE SIGNED 2/14/51	
--	--	--------------------------------------	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-17-51		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		REGISTRAR'S SIGNATURE Wm. J. Williams		25. FUNERAL DIRECTOR Leahy & Zolner		ADDRESS 403 S. Wolf St.	

RECORD OF DEATHS
DEPARTMENT OF HEALTH

DATE	TIME	AGE	SEX	RACE	CAUSE OF DEATH	PLACE OF DEATH	REPORTED BY
1910	10:30	45	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	11:15	30	M	W	Accident	Street	Police
1910	12:00	60	M	W	Stroke	Home	Dr. J. H. Smith
1910	13:45	25	F	W	Cholera	Home	Dr. J. H. Smith
1910	14:30	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	15:15	15	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	16:00	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	16:45	40	M	W	Accident	Street	Police
1910	17:30	20	F	W	Cholera	Home	Dr. J. H. Smith
1910	18:15	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	19:00	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	19:45	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	20:30	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	21:15	25	M	W	Accident	Street	Police
1910	22:00	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	22:45	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	23:30	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	24:15	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	25:00	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	25:45	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	26:30	30	M	W	Accident	Street	Police
1910	27:15	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	28:00	15	F	W	Cholera	Home	Dr. J. H. Smith
1910	28:45	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	29:30	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	30:15	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	31:00	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	31:45	25	M	W	Accident	Street	Police
1910	32:30	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	33:15	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	34:00	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	34:45	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	35:30	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	36:15	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	37:00	30	M	W	Accident	Street	Police
1910	37:45	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	38:30	15	F	W	Cholera	Home	Dr. J. H. Smith
1910	39:15	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	40:00	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	40:45	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	41:30	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	42:15	25	M	W	Accident	Street	Police
1910	43:00	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	43:45	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	44:30	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	45:15	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	46:00	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	46:45	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	47:30	30	M	W	Accident	Street	Police
1910	48:15	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	49:00	15	F	W	Cholera	Home	Dr. J. H. Smith
1910	49:45	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	50:30	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	51:15	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	52:00	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	52:45	25	M	W	Accident	Street	Police
1910	53:30	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	54:15	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	55:00	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	55:45	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	56:30	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	57:15	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	58:00	30	M	W	Accident	Street	Police
1910	58:45	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	59:30	15	F	W	Cholera	Home	Dr. J. H. Smith
1910	60:15	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	61:00	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	61:45	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	62:30	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	63:15	25	M	W	Accident	Street	Police
1910	64:00	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	64:45	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	65:30	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	66:15	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	67:00	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	67:45	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	68:30	30	M	W	Accident	Street	Police
1910	69:15	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	70:00	15	F	W	Cholera	Home	Dr. J. H. Smith
1910	70:45	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	71:30	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	72:15	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	73:00	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	73:45	25	M	W	Accident	Street	Police
1910	74:30	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	75:15	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	76:00	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	76:45	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	77:30	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	78:15	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	79:00	30	M	W	Accident	Street	Police
1910	79:45	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	80:30	15	F	W	Cholera	Home	Dr. J. H. Smith
1910	81:15	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	82:00	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	82:45	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	83:30	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	84:15	25	M	W	Accident	Street	Police
1910	85:00	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	85:45	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	86:30	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	87:15	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	88:00	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	88:45	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	89:30	30	M	W	Accident	Street	Police
1910	90:15	70	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	91:00	15	F	W	Cholera	Home	Dr. J. H. Smith
1910	91:45	65	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	92:30	35	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	93:15	10	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	94:00	50	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	94:45	25	M	W	Accident	Street	Police
1910	95:30	75	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	96:15	18	F	W	Cholera	Home	Dr. J. H. Smith
1910	97:00	60	M	W	Pneumonia	Home	Dr. J. H. Smith
1910	97:45	40	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	98:30	20	M	W	Scarlet Fever	Home	Dr. J. H. Smith
1910	99:15	55	F	W	Heart Disease	Home	Dr. J. H. Smith
1910	100:00	30	M	W	Accident	Street	Police

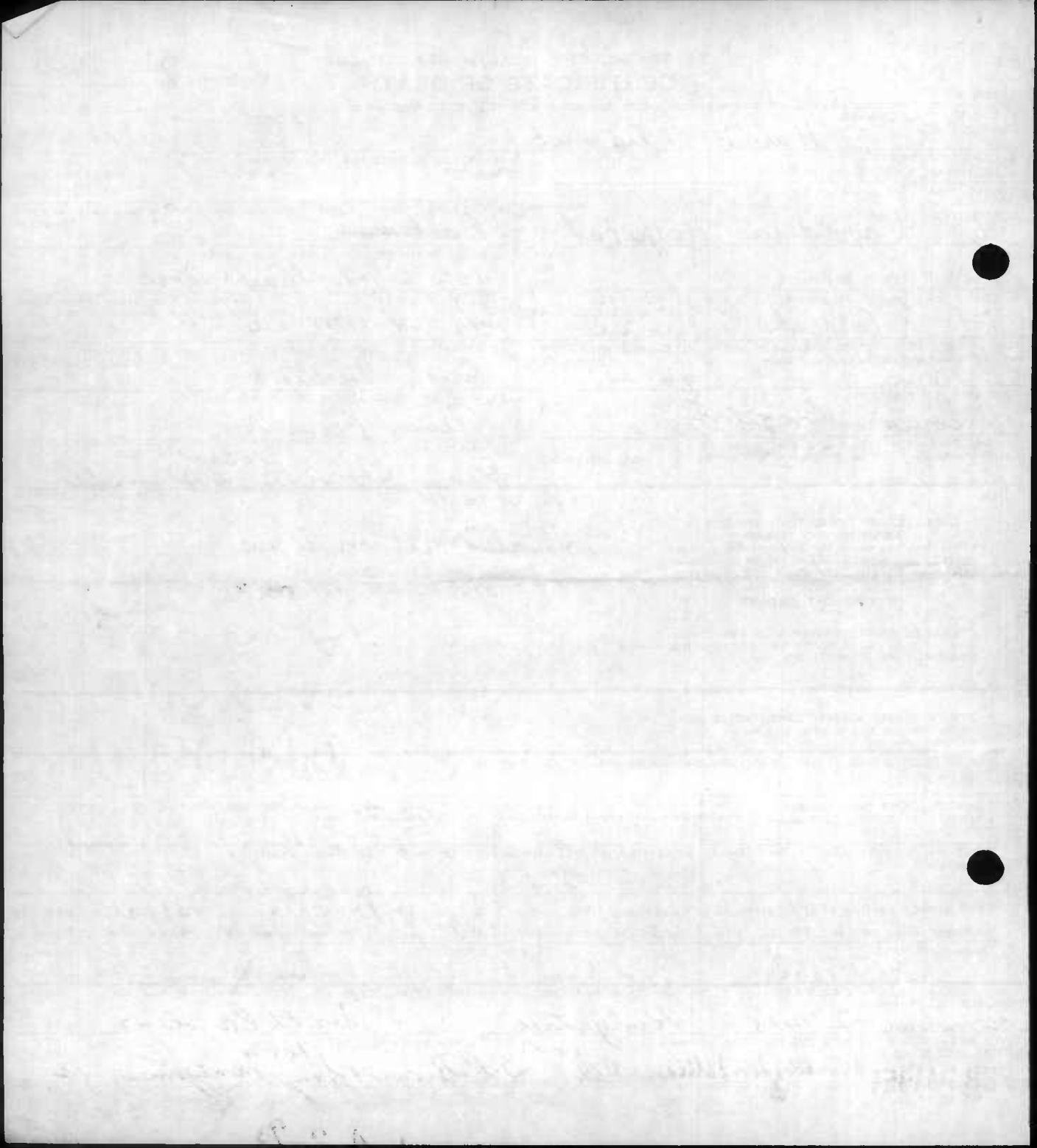
615
51 1428

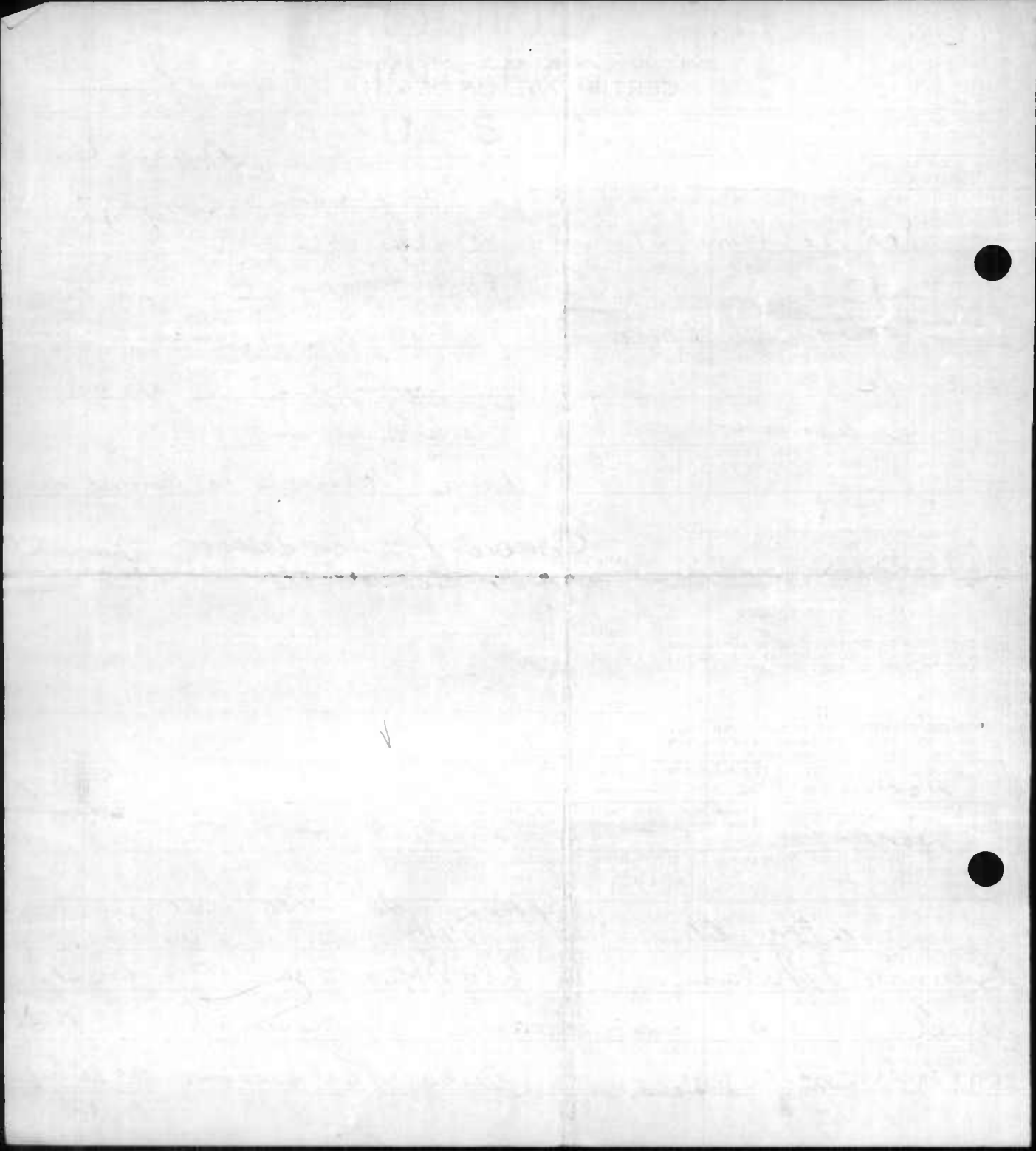
HARVIN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1428
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Harvin Naomi</i>		2. DATE OF DEATH <i>2-10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write <i>MURRAY</i> and give township) <i>Baltimore</i> <i>23-01</i>			
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1032 S. Sharp Street</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 24 1926</i>	9. AGE (In years last birthday) <i>24</i>	10. Under 1 Year Months _____ Days _____ 11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <i>Louis Brogdon</i>		14. MOTHER'S MAIDEN NAME <i>Rena Fleming</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT <i>George Harvin S. Starnes</i>	
18. <i>241X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		CAUSE OF DEATH <i>Status asthmaticus</i> <i>Bronchial asthma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2-9-51</i> <i>2-10-51</i>	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY m. _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-9-</i> , 19 <i>51</i> , to <i>2-10-</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-10-</i> , 19 <i>51</i> , and that death occurred at <i>7:15</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R. Nicolas</i>		23B. ADDRESS M. D. <i>Provident Hospital</i>		23C. DATE SIGNED <i>2/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>2/14/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Kingstree</i>	
24D. LOCATION (City, town, or county) (State) <i>South Carolina</i>		25. FUNERAL DIRECTOR <i>10824</i>		ADDRESS <i>St. Brown & Son - Montgomery St</i>	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>		112	

MEDICAL CERTIFICATION





525
1430BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1430

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Isidore Jenkins.

2. DATE
OF
DEATH

Feb. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

Columbus (M)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-01-9595

17. INFORMANT

ADDRESS

Lucas Louiza Batta M.D.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28-1951 to 2-13-1951 that I last saw the
deceased alive on 2-13-1951 and that death occurred at 8:25 AM., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Poligney M.D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

2/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-15-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Pitchee, Md. (unincorporated)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams

25. FUNERAL DIRECTOR

ADDRESS

Charles A. Peluchowski 703 McKenney St

5681
5681

255
51 1431BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1431
Registered No.

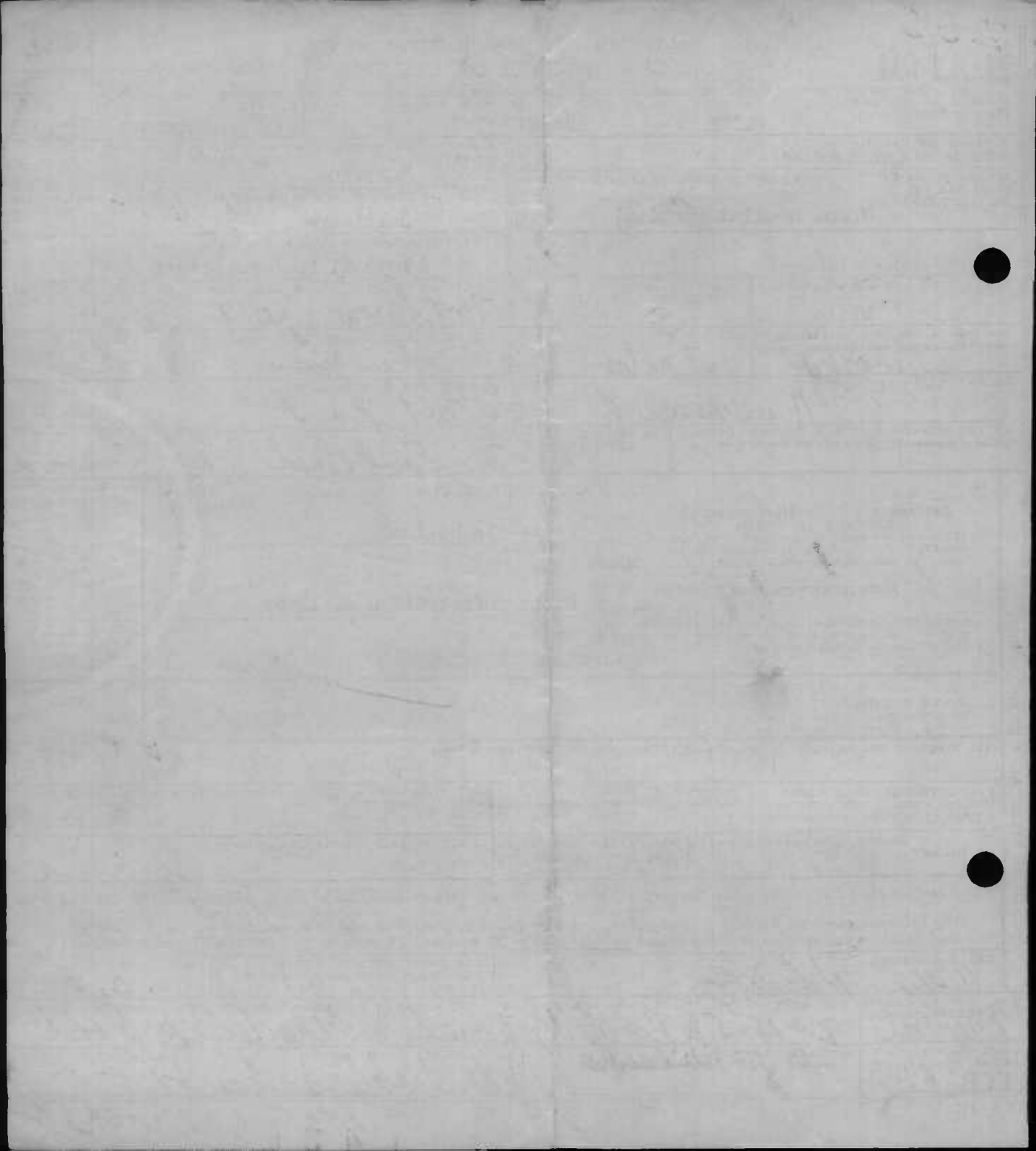
1. NAME OF DECEASED (Type or Print) PETER KUSMAN		2. DATE OF DEATH February 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1030 E. Lombard Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Not know
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE (In years last birthday) 60	
10B. KIND OF BUSINESS OR INDUSTRY Factory		11. BIRTHPLACE (State or foreign country) Russian	
13. FATHER'S NAME Kusman		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Not know		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Paul Bush 1030 E. Lombard	

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty infiltration of liver OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Acute alcoholism (B) Fatty infiltration of liver (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Spotts	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 13, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-15-51	24C. NAME OF CEMETERY OR CREMATORY Balto. National
24D. LOCATION (City, town, or county) (State) Fredrick Road		25. FUNERAL DIRECTOR J. J. Grebliauckas, Jr.
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		ADDRESS 1240 E. Pratt



125
51 1432BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1432

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie S. Gibson

2. DATE
OF DEATH 2/13/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

43 So. Baltimore Gen Hosp.

C. Length of stay in Baltimore 63 yrs

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

13. FATHER'S NAME

August Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

3/3/1886

9. AGE (In years last birthday)

64

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Kulka

17. INFORMANT

Mr Charles Keseling

ADDRESS

1116 So. Carey St.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio

3 yrs.

(C) Vascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1941, to 2-13, 1951, that I last saw the deceased alive on 2/13, 1951, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Ulochy, Jr.

M. O.

23B. ADDRESS

1227 Wash. Blv'd

23C. DATE SIGNED

2-14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial 2/17/51

24C. NAME OF CEMETERY OR CRIMATORY

London Park Cem. 3801 Frederick Ave

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

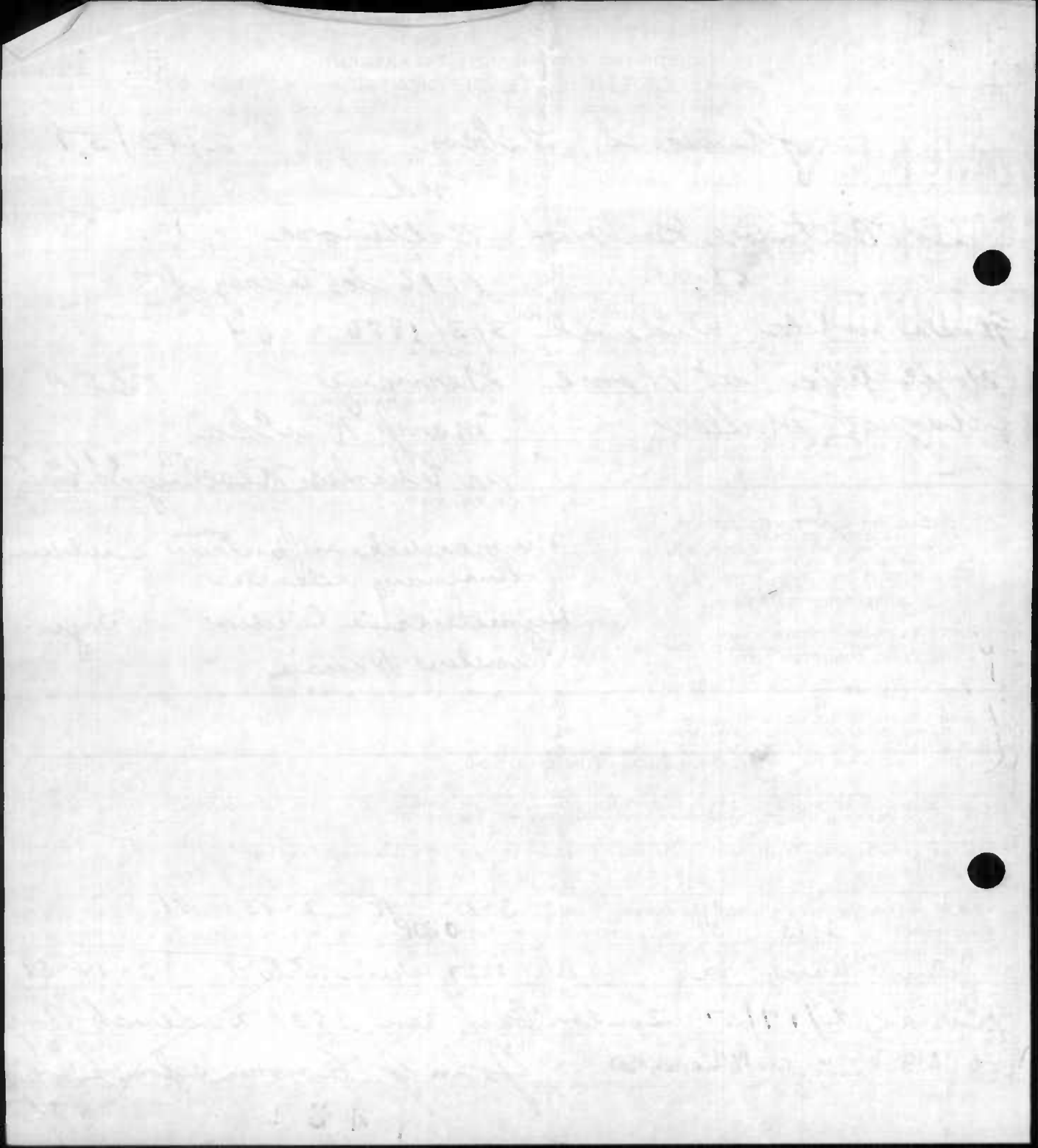
John P. Ulochy, Jr.

25. FUNERAL DIRECTOR

John J. Bowman & Son

ADDRESS

901 St.



625
51 1433BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1433

Registered No.

BIRTH NO. 50-19899

1. NAME OF DECEASED (Type or Print) Joseph Broznowicz		2. DATE OF DEATH Feb. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 413 S. Duncan St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits with RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 413 S. Duncan St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Sept. 20, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 4 If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Leo Broznowicz		14. MOTHER'S MAIDEN NAME Mary Weber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Leo Broznowicz		ADDRESS 413 S. Duncna St.	

18. 481X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Influenza intestinal	CAUSE OF DEATH (A) Influenza intestinal DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
---------------------------------	----------------------------------	--

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 10**, 1951, to **Feb 13**, 1951, that I last saw the deceased alive on **Feb 13**, 1951, and that death occurred at **12:45 pm.**, from the causes and on the date stated above.

23A. SIGNATURE George J. Libby	23B. ADDRESS M. D. 426 S. Patterson Park Ave	23C. DATE SIGNED 2/14/51
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/15/51	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Fred M. Ozazowski	ADDRESS 1930 Eastern Ave
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FEB 14 1951

VS 150

33B

WATER
CONCRETE
BLOCKS
AND
CURBS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1434

BIRTH NO. 1434

1. NAME OF DECEASED
(Type or Print)

Wallace L. Berry

2. DATE
OF
DEATH

2/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

12/2/92

9. AGE (In years
last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Northway Apts.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frederick Berry

14. MOTHER'S MAIDEN NAME

Susan Buker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edw. DARNEY - 2812 Alvarado Sq.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) Adenocarcinoma of upper lobe - rt. lung
DUE TO Metastatic carcinoma of metastatic
lymph nodes with fixation of superior
vena cava.
(B) Metastatic carcinoma of cervical
spines.
DUE TO
(C) Primary site. Rt lung, upper lobe (over)

19A. DATE OF OPERATION

2/2/51

19B. MAJOR FINDINGS OF OPERATION

Metastatic carcinoma of cervical spine

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22A. TIME (Month) (Day) (Year) (Hour)
INJURY

22B. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22C. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1951, to 2/13, 1951, that I last saw the deceased alive on 2/13, 1951, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. Lichtenberg

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

2/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
FEB 15 1951

REGISTRAR'S SIGNATURE

Huntley J. Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Harford Rd

any
Was there ^{any} indication in deceased's
clinical record of the probable
primary site of the malignancy? —

See Document File 51-1434

2/28/51

ES

200
51 1435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1435

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John A. Logue		2. DATE OF DEATH Feb. 12th. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hosp.		C. CITY OR TOWN (If outside corporate limits, write U.S.A.L. and give township) Baltimore	
c. Length of stay in Baltimore 15 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5625 Midwood Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29th. 1897
9. AGE (In years last birthday) 54		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Logue		14. MOTHER'S MAIDEN NAME Mary Haverty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-01-8146	
17. INFORMANT Kathryn Logue		ADDRESS 5625 Midwood Ave.	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEMORRHOIDS, ESOPHAGEAL VARICES DUE TO Chronic Hepatitis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Hepatitis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Osteomyelitis, chronic, left tibia		INTERVAL BETWEEN ONSET AND DEATH 5 days ? 40 yr.
---	--	--

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1947 to Feb 1951 , that I last saw the deceased alive on Feb 12, 1951 , and that death occurred at 12:55 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Frederick J. Tollner M. D.		23B. ADDRESS 6100 York Road		23C. DATE SIGNED Feb. 13, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-15-1951		24C. NAME OF CEMETERY OR CREMATORY Old Cathedral	
24D. LOCATION (City, town, or county) Phila. Penna.		25. FUNERAL DIRECTOR John Q. Moran 3000 E. Baltimore St			

DATE RECEIVED BY LOCAL REGISTRAR **FEB 14 1951** VS 150
REGISTRAR'S SIGNATURE **William Williams**
390 3L
124 B

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1436

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHIRLEY

WHEELER

2. DATE
OF
DEATH

February 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1634 E. Monument Street

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 19, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In Gneral

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Wheeler

14. MOTHER'S MAIDEN NAME

Mary Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mable Wheeler 1643 E. Monument St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive heart disease with
myocardial insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Feb. 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Chas. W. Wilson 1000 Resally

ADDRESS

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		James Stanley		Feb. 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
Balto. City		A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1642 E. Monument			
Life					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		
male	negro	Divorced	April 1, 1900		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)	
Laborer		In General		38	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Josiah Stanley		Louise Washinton		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No				JOHNS HOPKINS HOSPITAL	

18. 462.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Gastrointestinal hemorrhage DUE TO rupture of varix at cardia of stomach		?	
ANTECEDENT CAUSES		(B) _____ DUE TO _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____ DUE TO _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY P. Fisher CHIEF OR ASST. MEDICAL EXAMINER.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
2				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from D O A, 19, to, 19, that I last saw the deceased alive on Feb 11, 1951 and that death occurred at 1300 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Roe E. Wells M.D.		JOHNS HOPKINS HOSPITAL			

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		2/14/1951		Mt Calvary Cem.		Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
FEB 14 1951		[Signature]		Elroy O. Wilson		1000 Brantley ave	
VS 150 Med. & Case 970199 he approved 118							

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1438**

240
1438

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Annie Cagle			2. DATE OF DEATH Feb. II, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1626 Jefferson Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
C. Length of stay in Baltimore 50 Yrs.			D. STREET ADDRESS (If rural, give location) 1626 Jefferson Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 20, 1882		9. AGE (in years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Talbo N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Rose			14. MOTHER'S MAIDEN NAME Annie Gray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Corriene Patrick 1626 Jefferson St.		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive cardiovascular disease DUE TO 34 yrs.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (Cerebral hemorrhage 3/21/50) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

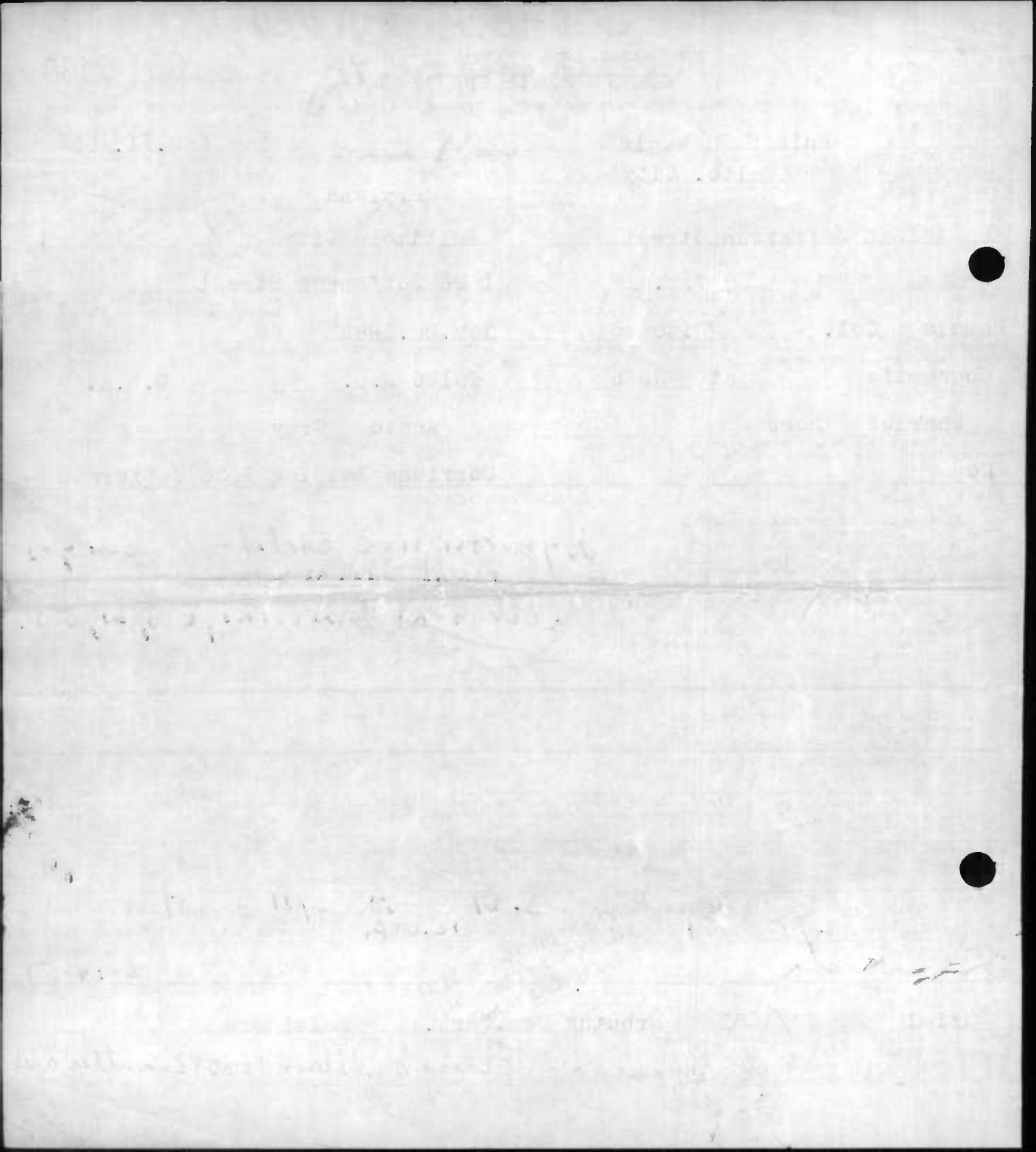
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-21 , 19 51 , to 2/11 , 19 51 , that I last saw the deceased alive on 2/8 , 19 51 , and that death occurred at 12.20 p.m. from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>				23C. DATE SIGNED 2-14-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/14/1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR Chas. O. Wilson		ADDRESS 1000 Beantley ave	

VS 150

1312

MEDICAL CERTIFICATION



530
51 1439

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1439
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Joseph Smith</i>		2. DATE OF DEATH <i>2-10-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>703 "Y" AL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>703 Y St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>?</i>
9. AGE (in years last birthday) <i>70</i>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>general</i>	
11. BIRTHPLACE (State or foreign country) <i>Lawrence, Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Henry Smith</i>		14. MOTHER'S MAIDEN NAME <i>Mariah Campbell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Cora Henderson</i>		ADDRESS <i>1610 W. Lexington St.</i>	

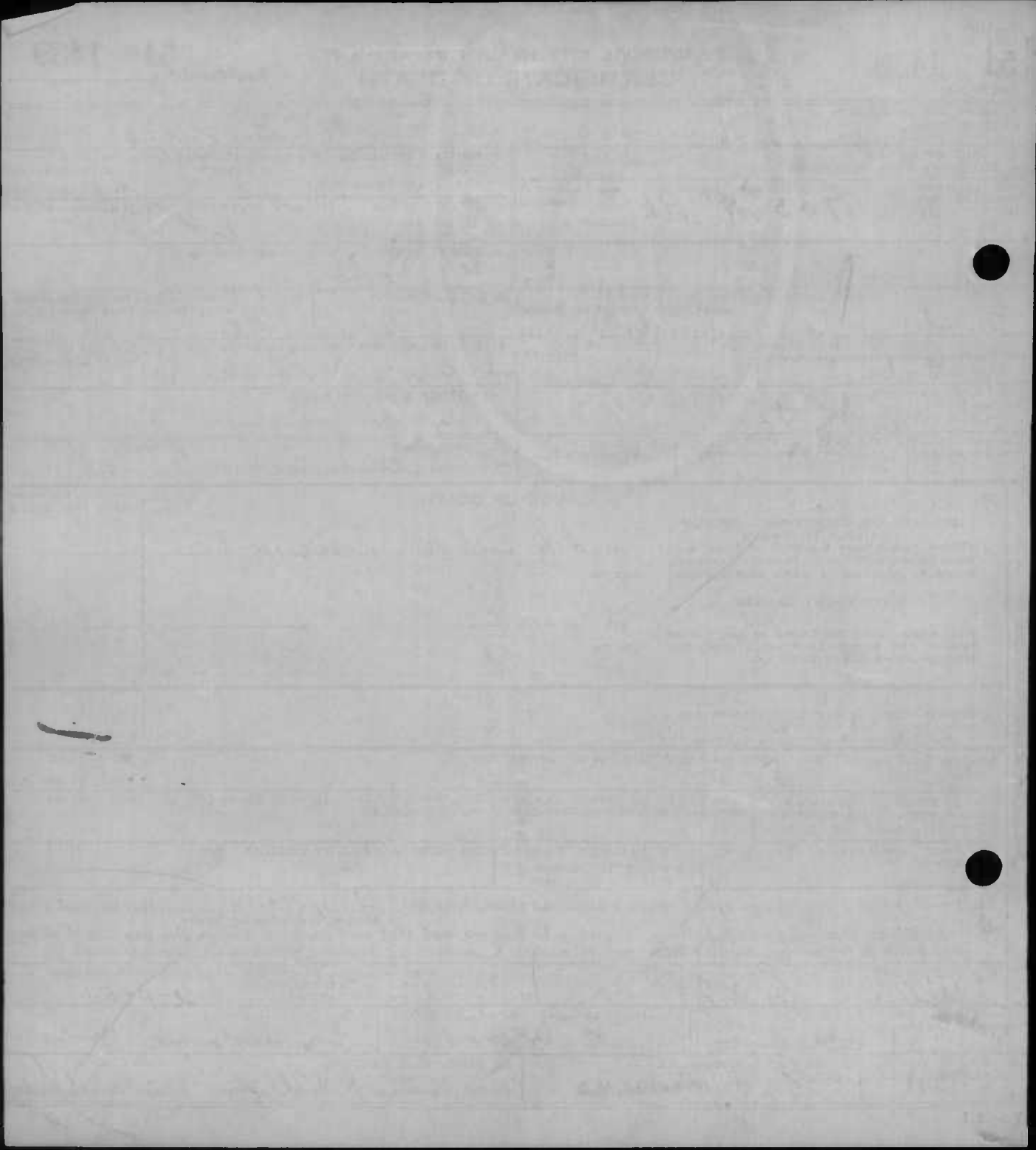
18. <i>Hx</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Atherosclerotic Cardiovascular Disease</i> DUE TO (B) <i>Disease</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>2-11-51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>February 14, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion</i>	24D. LOCATION (City, town, or county) (State) <i>Landsdowne, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>2-14-1951</i>	REGISTRAR'S SIGNATURE <i>William V. ...</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	ADDRESS <i>322 N. ...</i>

97099

93D



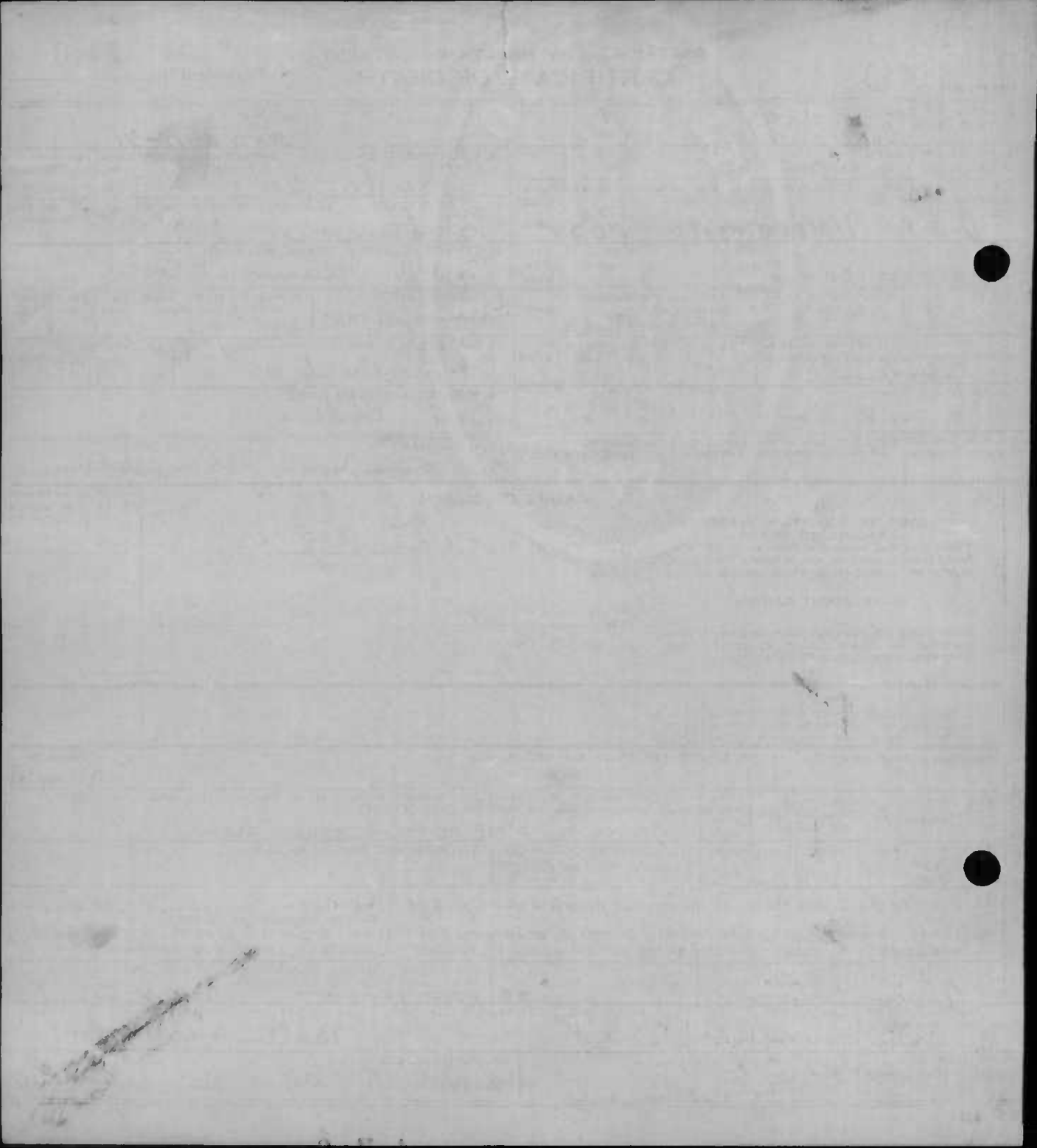
500
51 1440
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1440
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Long Louise Dunn</i>			2. DATE OF DEATH <i>2-11-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>D.O.A. UNIVERSITY HOSP.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md.</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>700 W. Fairmount Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>January 11, 1927</i>	9. AGE (In years last birthday) <i>24</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Abbeville, S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Brown</i>			14. MOTHER'S MAIDEN NAME <i>Daisy Chiles</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Daisy Young, 223 Myrtle Ave.</i>		

18. <i>E 981 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Gun shot wounds of abdomen</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Tavern-Schroeders Bar</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Pine and Josephine Sts.</i>		
21D. TIME (Month) (Day) (Year) (Hour) <i>Feb. 11, 1951 12:57 A.M.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Firearms</i>		
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. L...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <i>2-11-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>February 15, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1951</i>	REGISTRAR'S SIGNATURE <i>...</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams, 322 W. Schroeder St.</i>	ADDRESS
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200
ND-139663 1441
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1441

1. NAME OF DECEASED (Type or Print) George Bush			2. DATE OF DEATH Feb. 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1045 Argyle Ave.			E. LENGTH OF STAY IN BALTIMORE 20 Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1914	9. AGE (in years last birthday) 36	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY OOD JABS		
11. BIRTHPLACE (State or foreign country) North Carolina			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John (Jim) Bush			14. MOTHER'S MAIDEN NAME Ada		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			ADDRESS		

18. 007X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO (A) (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 2 Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-12 , 19 50 to 2-11 , 19 51 , that I last saw the deceased alive on 2-11 , 19 51 , and that death occurred at 10:05 am from the causes and on the date stated above.				
23A. SIGNATURE W. H. O'Brien M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE February 15, 1951	24C. NAME OF CEMETERY OR CREMATORY Kelford, N. C.	24D. LOCATION (City, town, or county) (State) Kelford, N. C.
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St.	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TO : SAC, NEW YORK
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

540
51 1442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1442

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Annie Elsie Small</i>			2. DATE OF DEATH <i>2-11-51</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1441 Ward St</i>			c. CITY OR TOWN (If outside corporate limits, write MURKIN and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>4 1/2</i>			d. STREET ADDRESS (If rural, give location) <i>1441 Ward St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-15-1925</i>	9. AGE (in years last birthday) <i>25</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>		
11. FATHER'S NAME <i>Blaine J. Thompson</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Edna Elizabeth Johnson</i>			ADDRESS <i>h. y. h. y. 161 Madison Blvd</i>		

CAUSE OF DEATH

18. <i>010X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>I tuberculous meningitis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

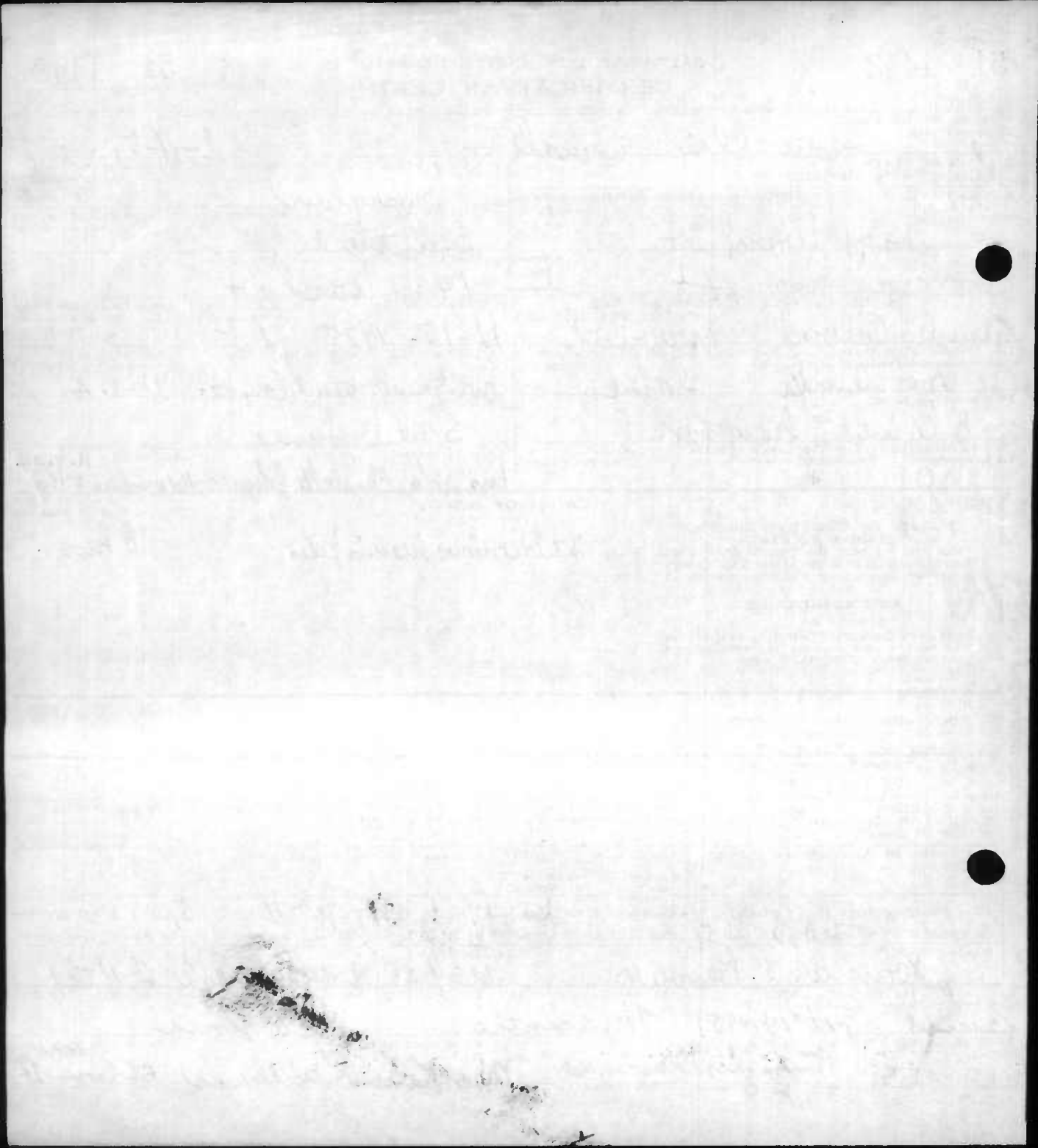
19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 1, 1951* to *Feb 11, 1951*, that I last saw the deceased alive on *Feb 10, 1951* and that death occurred at *4:30 a.m.* from the causes and on the date stated above.

23a. SIGNATURE <i>John E. S. Conner</i>	23b. ADDRESS <i>1639 N. Carey St. Balt.</i>	23c. DATE SIGNED <i>2-11-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 14, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hyacintha</i>
24d. LOCATION (City, town, or county) (State) <i>Virginia</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	ADDRESS <i>322 N. Schuman St</i>

DATE RECEIVED BY LOCAL REGISTRAR
FEB 14 1951

REGISTRAR'S SIGNATURE
Thurston Williams, M.D.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1443

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ireland, Alfredo

2. DATE
OF
DEATH

2/11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

16 Winters Ave, Catonsville, Balt

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

WINTERS Baltimore

D. STREET ADDRESS (if rural, give location)

16 Winters Ave

5200

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

January 2, 1976

9. AGE (In years
last birthday)

95

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jarvis Fisher

14. MOTHER'S MAIDEN NAME

Cassie Jordan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John Fisher, 915 Pines St.

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Second and third degree

DUE TO

burns of the entire body

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY
Dr. Lubinski, M.D.

R. Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Burns

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

16 Winters Ave, Catonsville

21D. TIME (Month) (Day) (Year) (Hour)

Feb. 10, 1951 9:00 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Smoking pipe in the bed

22. I hereby certify that I attended the deceased from Feb. 10, 1951, to Feb. 11, 1951, that I last saw the
deceased alive on Feb. 11, 1951, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Lucie Tury

M. D.

23B. ADDRESS

Franklin Sq. Hospital

23C. DATE SIGNED

2/11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

February 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Locust Chapel

24D. LOCATION (City, town, or county)

Simpsonville,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Kathleen Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katie R. Williams, 302 W. Schroeder St.

FEB 14 1951

VS 150

N-948. To be approved by Medical Examiner (Dr. Williams)

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of local health department		19. Signature of state health department		20. Signature of federal health department	
21. Signature of state registrar		22. Signature of state health officer		23. Signature of state medical examiner		24. Signature of state coroner	
25. Signature of state funeral director		26. Signature of state undertaker		27. Signature of state cemetery		28. Signature of state burial place	
29. Signature of state health officer		30. Signature of state local health department		31. Signature of state medical examiner		32. Signature of state coroner	
33. Signature of state funeral director		34. Signature of state undertaker		35. Signature of state cemetery		36. Signature of state burial place	
37. Signature of state health officer		38. Signature of state local health department		39. Signature of state medical examiner		40. Signature of state coroner	
41. Signature of state funeral director		42. Signature of state undertaker		43. Signature of state cemetery		44. Signature of state burial place	
45. Signature of state health officer		46. Signature of state local health department		47. Signature of state medical examiner		48. Signature of state coroner	
49. Signature of state funeral director		50. Signature of state undertaker		51. Signature of state cemetery		52. Signature of state burial place	
53. Signature of state health officer		54. Signature of state local health department		55. Signature of state medical examiner		56. Signature of state coroner	
57. Signature of state funeral director		58. Signature of state undertaker		59. Signature of state cemetery		60. Signature of state burial place	
61. Signature of state health officer		62. Signature of state local health department		63. Signature of state medical examiner		64. Signature of state coroner	
65. Signature of state funeral director		66. Signature of state undertaker		67. Signature of state cemetery		68. Signature of state burial place	
69. Signature of state health officer		70. Signature of state local health department		71. Signature of state medical examiner		72. Signature of state coroner	
73. Signature of state funeral director		74. Signature of state undertaker		75. Signature of state cemetery		76. Signature of state burial place	
77. Signature of state health officer		78. Signature of state local health department		79. Signature of state medical examiner		80. Signature of state coroner	
81. Signature of state funeral director		82. Signature of state undertaker		83. Signature of state cemetery		84. Signature of state burial place	
85. Signature of state health officer		86. Signature of state local health department		87. Signature of state medical examiner		88. Signature of state coroner	
89. Signature of state funeral director		90. Signature of state undertaker		91. Signature of state cemetery		92. Signature of state burial place	
93. Signature of state health officer		94. Signature of state local health department		95. Signature of state medical examiner		96. Signature of state coroner	
97. Signature of state funeral director		98. Signature of state undertaker		99. Signature of state cemetery		100. Signature of state burial place	

51 1444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1444

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fred Brewer Or Fread Brewer

2. DATE
OF
DEATH

Feb. II. 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

723 N. Eden Street

Yrs.
Mos.
Days

Length of stay in Baltimore

10 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

13. FATHER'S NAME

Willie

Brewer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore City

D. STREET ADDRESS (If rural, give location)

723 N. Eden Street

8. DATE OF BIRTH

Sept. 19, 1911

9. AGE (In years,
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Lyzie

Morris

17. INFORMANT

ADDRESS

Alice Brewer 723 N. Eden St

18. 420.0 ant 138.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arterio-sclerotic deg. of disease

6-8-48
(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Boeck's Sarcoid

6-8-48

(C) DUE TO

Advanced Boeck's Sarcoid

6-8-48

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from _____, 19____, to 2/11____, 1951, that I last saw the
deceased alive on 2/11____, 1951, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

1422 E. Chas St

23C. DATE SIGNED

2/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15-51

24C. NAME OF CEMETERY OR CREMATORY

Gasburg

24D. LOCATION (City, town, or county)

Weldon N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson, 1000 Brantley ave

FEB 14 1951

VS 150

97099

93D

MEDICAL CERTIFICATION

See Document File 51-1444

Complete medical history 7/31/50
from Sinai Hospital Medical Care Clinic

2/28/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1445**

BIRTH NO. **445**

1. NAME OF DECEASED
(Type or Print)

JEAN L MC CAULEY RYAN

2. DATE
OF
DEATH

February 12, 1951

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

20-06

D. STREET ADDRESS (If rural, give location)

3207 Strickland Street

Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 25th, 1904

9. AGE (In years last birthday)

46

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Taxicab Company

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Jennie Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

215-10-4526

17. INFORMANT

ADDRESS



18. **416 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cellulitis of the face**

~~MEETEX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Rheumatic heart disease**

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **Feb. 13, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB. 15/51

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county) (State)

BALTIMORE MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1951

REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

F. B. Wippert & Son

ADDRESS

F.B. WIPPERT & SON..1300 EUTAW PL.

68254

VS 151

Swiss
6177

320
1 1446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1446
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>HAUDREY MAE Titus</i>		2. DATE OF DEATH <i>Feb. 14, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Doctors Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore Co.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - Halethorpe</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>5541 Oregon Ave. #27-817</i>		Yrs. Mos. Days	
C. Length of stay in Baltimore <i>LIFE</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>		8. DATE OF BIRTH <i>Sept 7, 1928</i>		9. AGE (In years last birthday) <i>22</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LINE OPERATOR</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Calvert Distillery</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Charles Otis Titus</i>		14. MOTHER'S MAIDEN NAME <i>MARGARET MARY Titus</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>220-24-5332</i>		17. INFORMANT ADDRESS <i>Charles Titus 5541 Oregon Ave.</i>	
18. <i>340.3 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Pulmonary Edema</i>		CAUSE OF DEATH (A) DUE TO <i>Post Partum Eclampsia</i> (B) DUE TO <i>Leptomeningitis, acute, cause unknown</i> (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH (over)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>19</i> , to <i>Feb. 14, 1951</i> , that I last saw the deceased alive on <i>Feb. 14, 1951</i> , and that death occurred at <i>7:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Alfred Cole</i>		23B. ADDRESS <i>136 S. Hilton St</i>		23C. DATE SIGNED <i>Feb 14, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>2-17-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>	
24D. LOCATION (City, town, or county) <i>BALTIMORE, Md.</i>		25. FUNERAL DIRECTOR <i>George L. Schwab</i>		ADDRESS <i>2101 Frederick Ave</i>	

MEDICAL CERTIFICATION

Autopsy findings: No eclampsia. Leptomenigitis acute, cause unknown
Normal pregnancy and delivery 2/13/51

8/28/51

ES

Dr. Fales took this information over phone

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 1447 Registered No. _____	
BIRTH NO. _____			
1. NAME OF DECEASED (Type or Print) Mary Brown.		2. DATE OF DEATH Feb. 12, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 929 Argyle Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 929 Argyle Ave.	
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME ?		8. DATE OF BIRTH July 6, 1882 9. AGE (In years, last birthday) 68	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Charles P. Brown.		ADDRESS 929 Argyle Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO _____ (B) DUE TO _____ (C) _____	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 6/15/57 , to 2/12/57 , that I last saw the deceased alive on 2/10/57 , and that death occurred at 1:00 P.M. from the causes and on the date stated above.			
23A. SIGNATURE Wm. Garner		23B. ADDRESS 203 Gough St.	
23C. DATE SIGNED 2/14/57			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 15, 1957	
24C. NAME OF CEMETERY OR CREMATORY St. Peter		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1957		25. FUNERAL DIRECTOR Mrs. Katie R. Williams ADDRESS 3221 Schroeder St	

25

WILLIAM

ROBERTS

1000

1000

U. S. A.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1448**

550
51 1448
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANKLIN T SIMON			2. DATE OF DEATH February 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Owinings Mills <i>OWINGS-MILLS</i>		
C. Length of stay in Baltimore Less than 1 day Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Painter's Lane <i>5300</i>		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 30 1942		9. AGE (In years last birthday) 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Loney Mac Simon			14. MOTHER'S MAIDEN NAME Pauline E. Little		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Loney M. Simon Owings Mills Md		

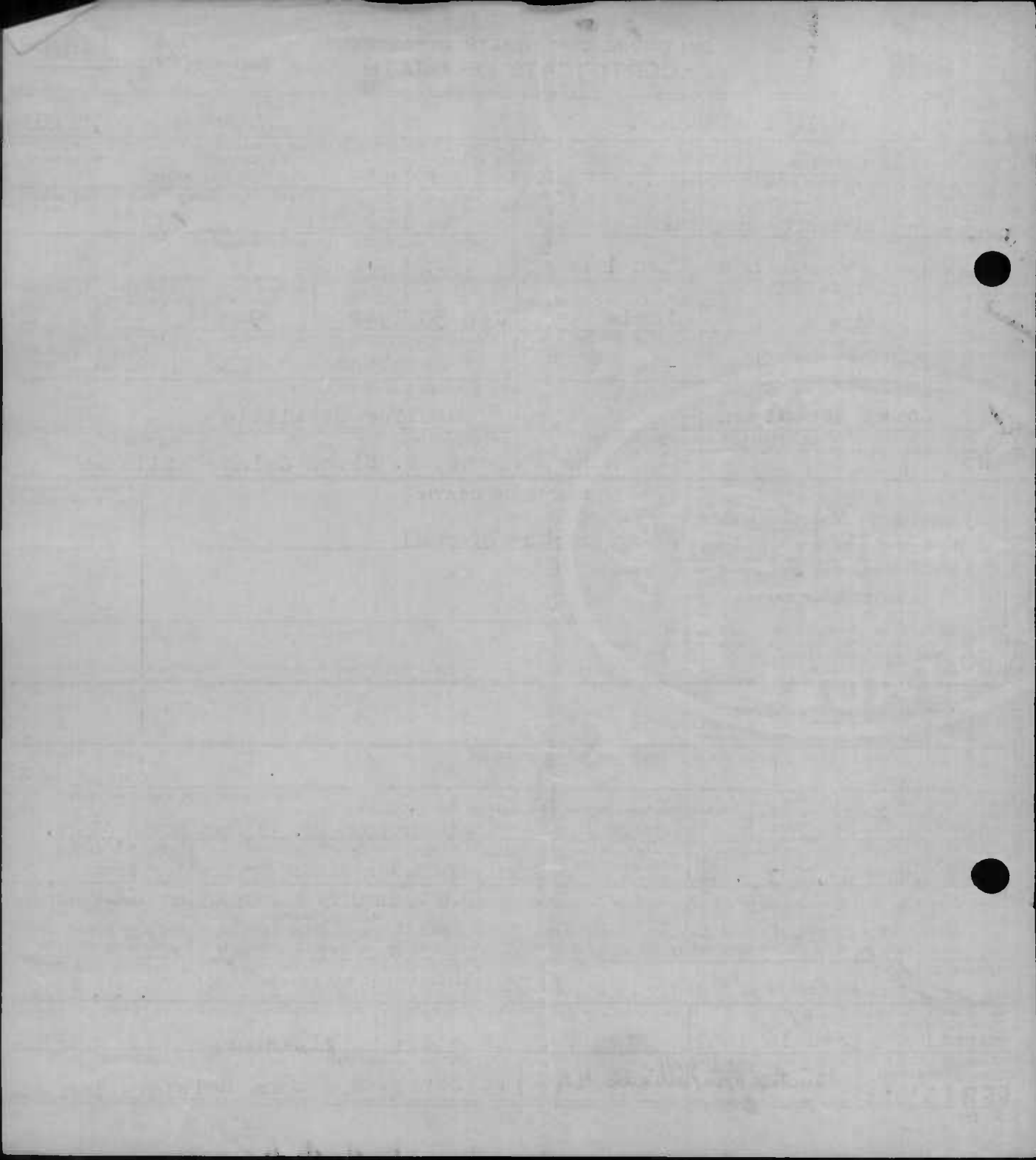
18. E812.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Feb 13 1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Reisterstown Rd. 75 feet north of St. Thomas' Lane		
21D. TIME (Month) (Day) (Year) (Hour) INJURY February 13, 1951 3.30 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by trailer truck		
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley H. Durelacher</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED Feb. 14, 1951		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 16 1951	24C. NAME OF CEMETERY OR CREMATORY Finksburg Cemetery	24D. LOCATION (City, town, or county) (State) Finksburg Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		25. FUNERAL DIRECTOR ADDRESS Wm Berryman & Sons Reisterstown Md	

VS 151
N-803.2
170c

MEDICAL CERTIFICATION



000
1 1449

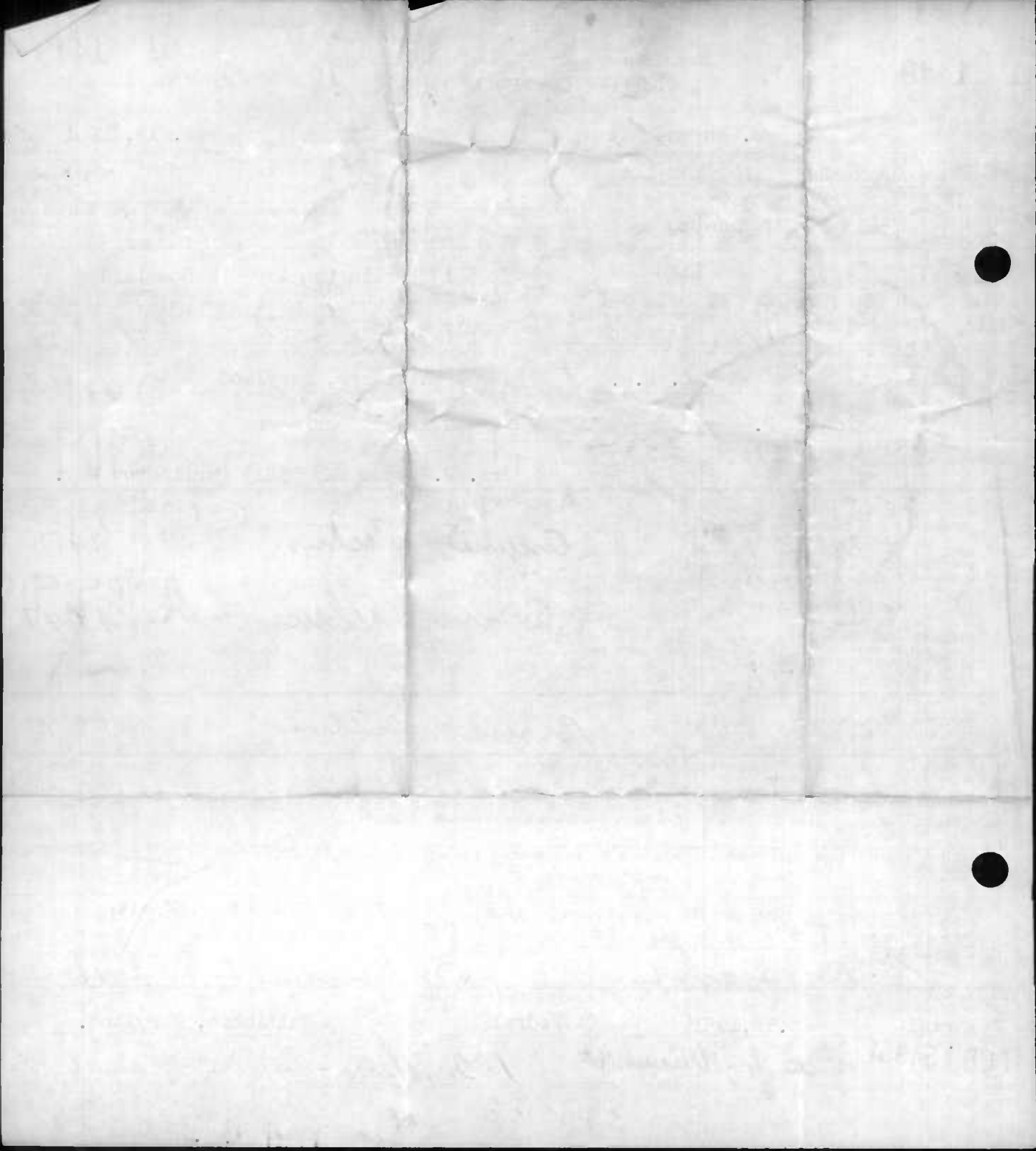
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1449

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		J. Eugene May		2. DATE OF DEATH Feb. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5413 Purlington Way				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 5413 Purlington Way Homeland			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 9, 1892	9. AGE (in years last birthday) 58	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fuel Agent		10B. KIND OF BUSINESS OR INDUSTRY B & O. R.R.		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael P. May				14. MOTHER'S MAIDEN NAME Agnes Benzinger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. J. Eugene May 5413 Purlington Way.			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Angina Pectoris DUE TO (B) Coronary Sclerosis DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchial Asthma				INTERVAL BETWEEN ONSET AND DEATH 1951 1947 1940			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1947 to Feb 13, 1951, that I last saw the deceased alive on Feb 13, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.							
23A. SIGNATURE G. H. Bishop		M. D.		23B. ADDRESS 503 Shunden A		23C. DATE SIGNED 2-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 16, 1951		24C. NAME OF CEMETERY OR CREMATORY Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.	
DATE RECEIVED FEB 15 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR H. W. Weavers		ADDRESS Low 805 N. Calvert St	

MEDICAL CERTIFICATION



525
51 1450BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1450

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMANUEL HENSON.			2. DATE OF DEATH FEBRUARY 13 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE CITY.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE CITY B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION NONE. 1608 DRUID HILL AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY MARYLAND.		
C. Length of stay in Baltimore LIFE.			D. STREET ADDRESS (If rural, give location) 1608 DRUID HILL AVE.		
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JAN 1, 1880	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) BUTLER			11. BIRTHPLACE (State or foreign country) MARYLAND		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME EMANUEL HENSON			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS Mr. William Henson 1608 Druid Hill Ave.		

18. 44yx DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC MYOCARDITIS JANUARY 7 1948 DUE TO CHRONIC INTERSTITIAL NEPHRITIS 1948, ARTERIOR SCLEROSIS. 1948 GANGRENE OF TOES. 1951.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JAN 7 1948**, to **FEB 13 1951**, that I last saw the deceased alive on **FEB 13, 1951**, and that death occurred at **2.10 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE <i>Charles T. Cloutier</i>	23B. ADDRESS 3013 ST PAUL STREET	23C. DATE SIGNED FEBRUARY 13 1951
--	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-16-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951	REGISTRAR'S SIGNATURE <i>William H. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mr. Francis T. Hensley</i>	ADDRESS W. Biddle St

OFFICE

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426
51 1451WALKER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1451
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Walker, Mary</i>		2. DATE OF DEATH <i>2/11-77</i>	
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i> B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Franklin Square Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>845 W. Fairmount Ave</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Col.</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>7/18-1875</i>	
9. AGE (In years last birthday) <i>75</i>		10. Under 1 Year: Months <i>75</i> Days <i>75</i>	
11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Annie P</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>George Walker 931 W. Saratoga</i>	

18. <i>142.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary atelectasis.</i> DUE TO <i>Pneumonia.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4</i> (over)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, <i>malignant Tumor of the prostate</i> DUE TO <i>Hypertensive conduction system.</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>2-9-77</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tumor of prostate gland.</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE *L. Leslie Tury* M. D. 23B. ADDRESS *Franklin Square Hospital* 23C. DATE SIGNED *2/11-77*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/15/77</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt calvary cem. Brooklyn ny</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn ny</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 15 1977</i>		REGISTRAR'S SIGNATURE <i>Walter J. Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Choy O. Wilson, 1000 Beauty</i>

Was this a malignant tumor?

If so, was the parathyroid gland the primary site?

If secondary please specify the probable primary site, if known.

See Document File 51-1451

2/28/51

ES

300
51 1452

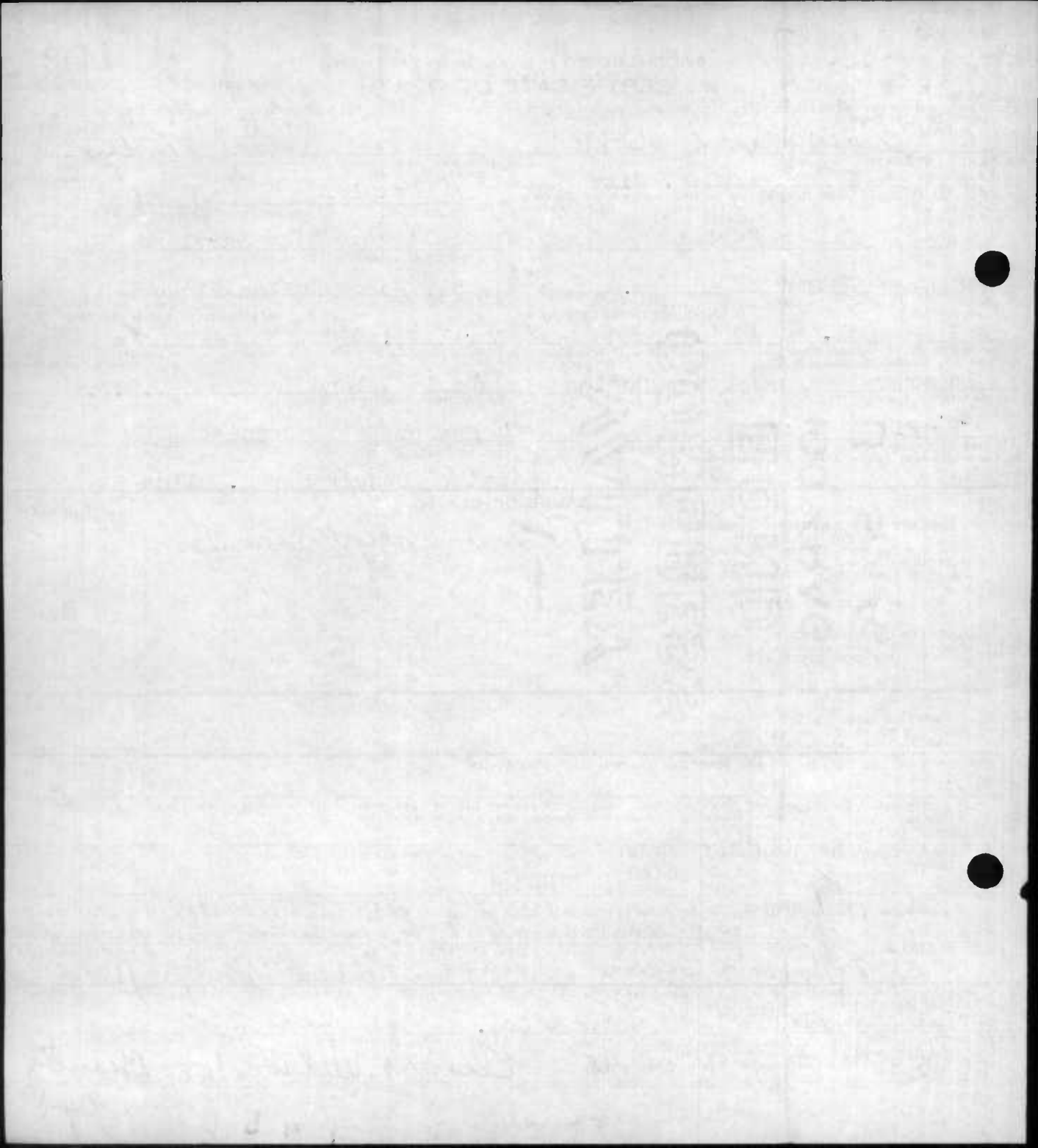
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1452
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Samuel White</i>		2. DATE OF DEATH <i>2/13/1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>7-03</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>519 Dallas Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City Maryland</i>			
C. Length of stay in Baltimore <i>15 Yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>519 North Dallas Street</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>April 17, 1917</i>	9. AGE (in years last birthday) <i>33</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>		11. BIRTHPLACE (State or foreign country) <i>Deals Island Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Fitus White</i>		14. MOTHER'S MAIDEN NAME <i>Esther Dennis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Esther Dennis</i>	
				ADDRESS <i>519 N. Dallas St</i>	

18. <i>002 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis</i> CAUSE OF DEATH (A) <i>Pulmonary Tuberculosis</i> DUE TO ANTECEDENT CAUSES (B) <i>?</i> DUE TO (C) <i>?</i> INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>2/11/1951</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-10-1950</i> to <i>2/13-1951</i> , that I last saw the deceased alive on <i>2/1-1951</i> , and that death occurred at <i>9 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. P. Johnson</i>		M. D.		23B. ADDRESS <i>403 Medart Bg</i>	
23C. DATE SIGNED <i>2/13-51</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/16/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) <i>Brooklyn Md</i>		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 15 1951</i>		REGISTRAR'S SIGNATURE <i>W. P. Johnson</i>		25. FUNERAL DIRECTOR <i>Elmer O. Wilson</i>	
				ADDRESS <i>1000 Beantley</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1453**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charlotte Brown

2. DATE
OF
DEATH

February 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)

A. STATE

Ind.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

435 N. Eden St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Wade Suber

8. DATE OF BIRTH

4-14-1900

9. AGE (In years last birthday)

50

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Winsboro S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Auntie Manigault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. **053.3 and 904.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

E. coli septicemia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic lymphatic leukemia

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1-31, 1951**, to **2-11, 1951**, that I last saw the deceased alive on **2-11, 1951**, and that death occurred at **7:16 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Victor Mc Kusick

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17-51

24C. NAME OF CEMETERY OR CREMATORY

Winsboro

24D. LOCATION (City, town, or county) (State)

Winsboro S.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Buntly

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side. Some words like "Lecture" and "Notes" are faintly visible.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1454
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leander LEANDO DAVIS		2. DATE OF DEATH February 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balti. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1931 Jefferson Street		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 17, 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY On General	
13. FATHER'S NAME Jeff Davis		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Myrtle Davis		ADDRESS 1931 Jefferson St	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. MOTHER'S MAIDEN NAME Senoria Lucius	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Wilson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 10, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/15/51		24C. NAME OF CEMETERY OR CREMATORY mt calvary am	
24D. LOCATION (City, town, or county) (State) Buckley md		24E. FUNERAL DIRECTOR Clayton Wilson		ADDRESS 1000 Beantley	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE William V. Wilson		V S 151	

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NOTALINMED JACOB

1. NAME OF DECEASED (Type in full)		2. DATE OF DEATH	
3. PLACE OF DEATH Baltimore City, Maryland		4. MARITAL STATUS MARRIED	
5. OCCUPATION OR BUSINESS		6. CITY OR TOWN	
7. STREET ADDRESS (If rural, give location)		8. DATE OF BIRTH	
9. SEX Male		10. RACE White	
11. HIGHEST SCHOOLING High School Graduate		12. DATE OF DEATH 1954	
13. NAME OF DECEASED'S MOTHER		14. NAME OF DECEASED'S FATHER	
15. NAME OF DECEASED'S SPOUSE		16. NAME OF DECEASED'S CHILDREN	
CAUSE OF DEATH			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
2. ANTICIPATED CAUSE			
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE ILLNESS BUT NOT DIRECTLY LEADING TO DEATH			
4. DATE OF EXAMINATION			
5. NAME OF PHYSICIAN JACOB		6. NAME OF PHYSICIAN JACOB	
7. NAME OF PHYSICIAN JACOB		8. NAME OF PHYSICIAN JACOB	
9. NAME OF PHYSICIAN JACOB		10. NAME OF PHYSICIAN JACOB	
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91. NAME OF PHYSICIAN JACOB		92. NAME OF PHYSICIAN JACOB	
93. NAME OF PHYSICIAN JACOB		94. NAME OF PHYSICIAN JACOB	
95. NAME OF PHYSICIAN JACOB		96. NAME OF PHYSICIAN JACOB	
97. NAME OF PHYSICIAN JACOB		98. NAME OF PHYSICIAN JACOB	
99. NAME OF PHYSICIAN JACOB		100. NAME OF PHYSICIAN JACOB	

600
51 1455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1455
Registered No.

BIRTH NO.

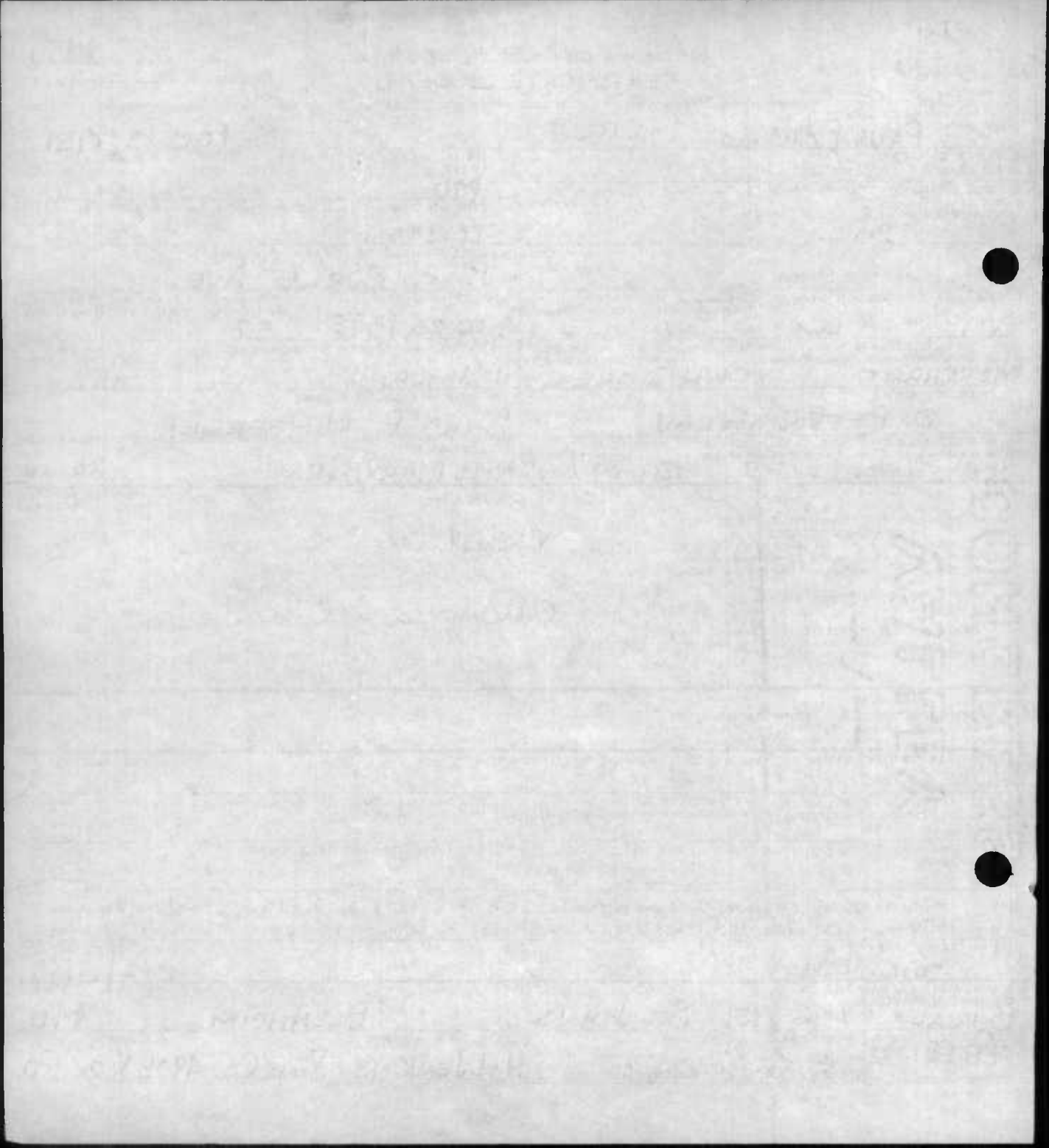
1. NAME OF DECEASED (Type or Print) PAUL Edward Grau		2. DATE OF DEATH FEB. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON	
D. STREET ADDRESS (If rural, give location) 12 W. BURKE AVE. 5300		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH AUG. 26, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10B. KIND OF BUSINESS OR INDUSTRY OWN STORE	9. AGE (In years last birthday) 57
13. FATHER'S NAME O. PETER GRAU		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WORLD WAR I		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. 214-09-0037		14. MOTHER'S MAIDEN NAME ANNA P. MOMBERGER	
17. INFORMANT MISS MARY GRAU		ADDRESS SAME	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 181 X I Metastases		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO Carcinoma of bladder		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/20 , 19 51 to 2/13 , 19 51 , that I last saw the deceased alive on 2/13 , 19 51 , and that death occurred at 8 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Regina Heller		23B. ADDRESS Sinai		23C. DATE SIGNED 2/13/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-16-1951		24C. NAME OF CEMETERY OR CREMATORY ST. JOHNS		24D. LOCATION (City, town, or county) (State) BLENHEIM MD	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR H.W. JENKINS & SONS CO.		ADDRESS 4905 YORK RD.	

MEDICAL CERTIFICATION



652

51 14 (151177)

BIRTH NO. 51-02814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1456

Registered No. _____

1. NAME OF DECEASED (Type or Print) Baby Boy Byrans			2. DATE OF DEATH February 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 223 N. Duncan Street		
5. SEX Male	6. COLOR or RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH February 5, 1951		9. AGE (in years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Albert Byrans			14. MOTHER'S MAIDEN NAME Janie Bowen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS _____		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pneumatury CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 5, 1951 , to February 6, 1951 , that I last saw the deceased alive on Feb. 6, 1951 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner, Jr.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2-8-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRY FEB 16 1951		REGISTRAR'S SIGNATURE William H. Williams, Jr.		25. FUNERAL DIRECTOR		ADDRESS	

1930

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Form No. 1

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536
MD-145729
BIRTH NO. 1457
57-02708

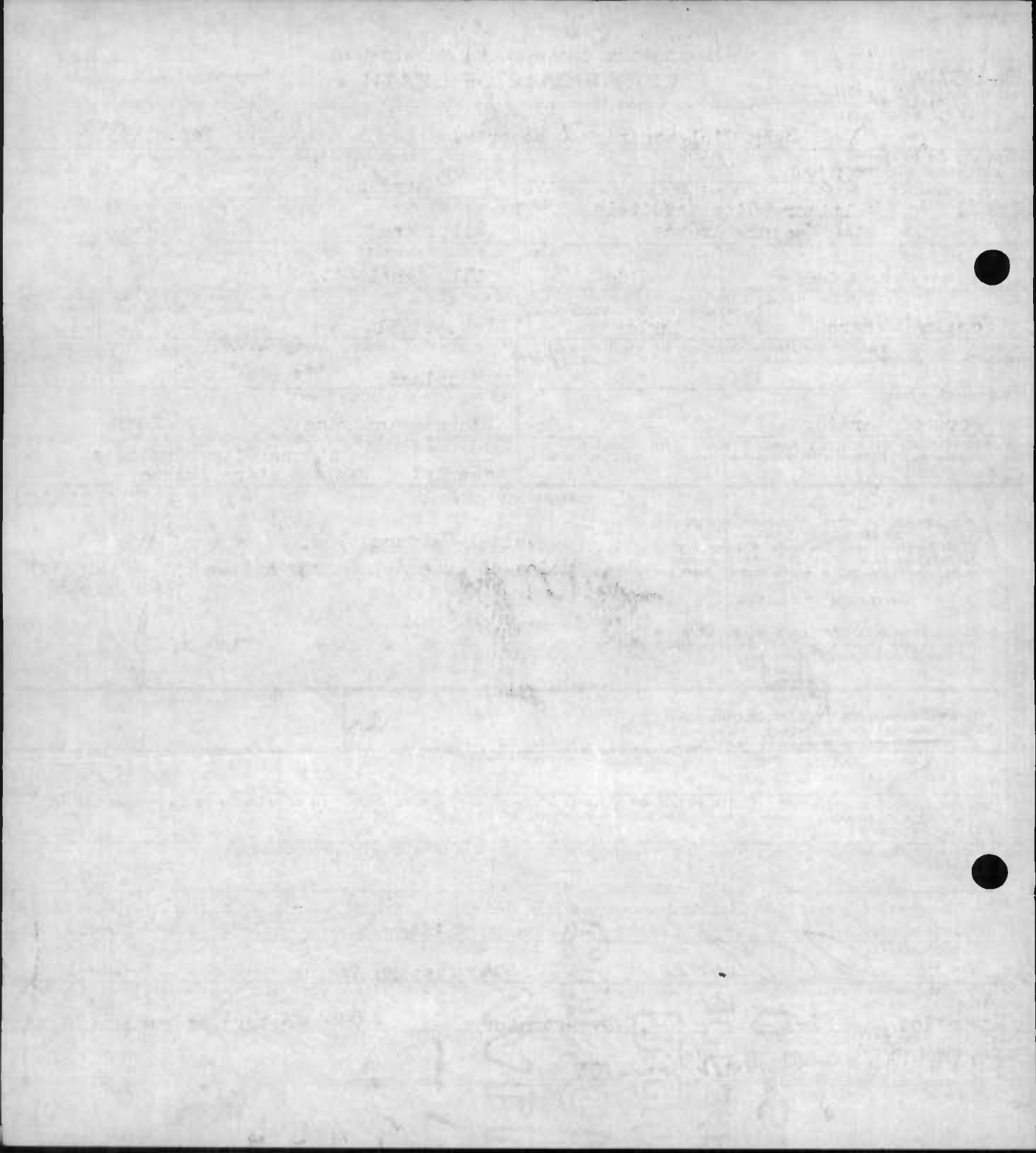
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1457
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Kendrick (Roberta)		2. DATE OF DEATH Feb. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1210 Canal Ct. (2)	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 4, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 1 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Norwood Harding		14. MOTHER'S MAIDEN NAME Roberta Kendrick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	

18. 758.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Congenital Malformation, absence of lower legs DUE TO Fusion of extended Sacrum and Coccyx Life (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		2C. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-4 , 19 51 , to 2-4 , 19 51 , that I last saw the deceased alive on 2-4 , 19 51 , and that death occurred at 5:34 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Avenue M. D.		23C. DATE SIGNED 2-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 2-12-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		(State)			
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS	



51 1458

BALTIMORE CITY HEALTH DEPARTMENT

51 1458

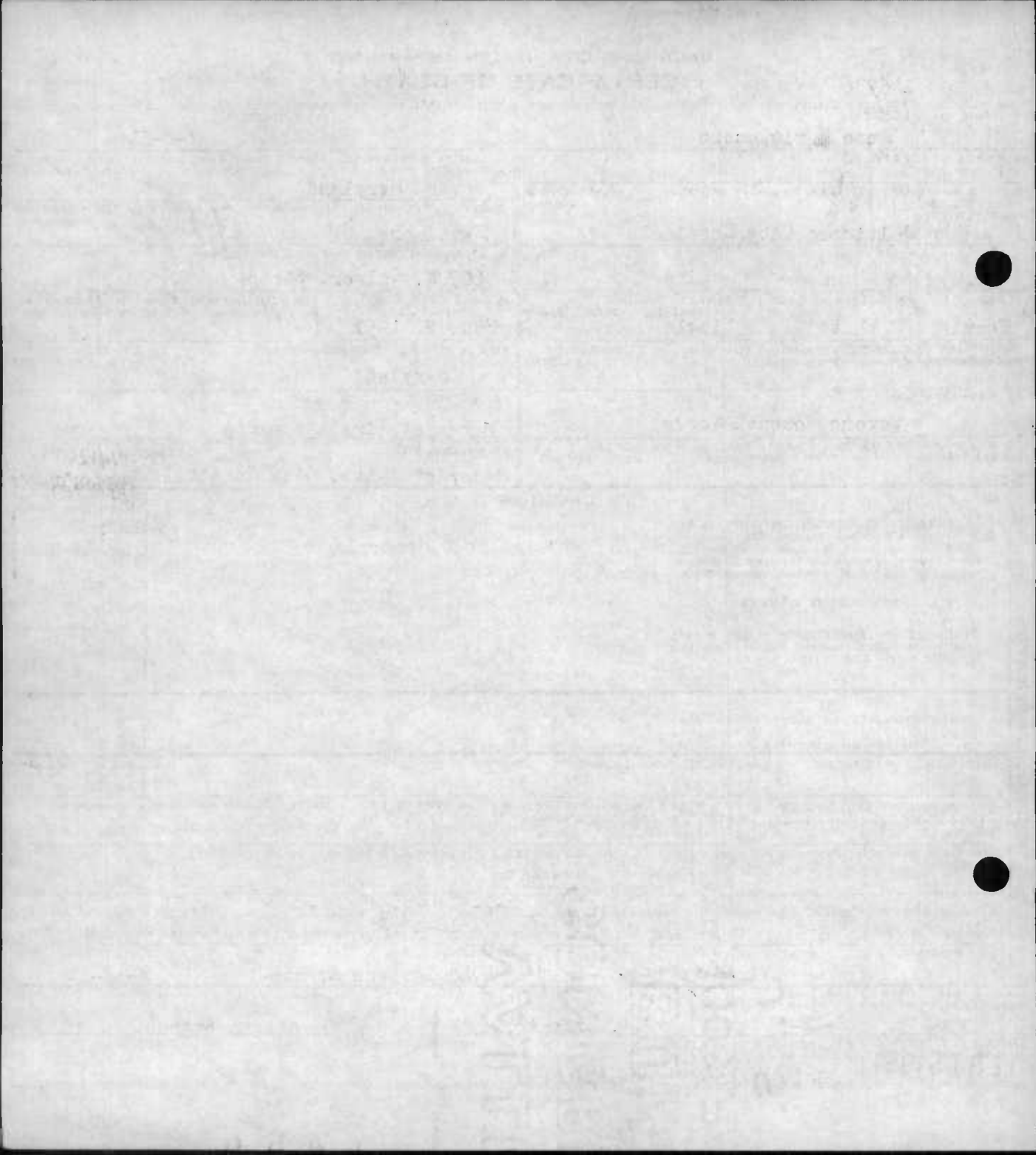
BIRTH NO

14573657-0311 31 CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Anne Marie Acero		2. DATE OF DEATH 2-8-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 607 N. Calvert Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 7, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 17 If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME Severo Somomoh Acero		14. MOTHER'S MAIDEN NAME Margaret Virginia Bartma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records* Balto. City Hospitals Eastern Ave		ADDRESS 4940	
18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Life	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-7-51 to 2-8-51 , that I last saw the deceased alive on 2-8-51 , and that death occurred at 10-15 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE J. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 2-12-51	
24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR FEB 13 1951		25. FUNERAL DIRECTOR ADDRESS	

160a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

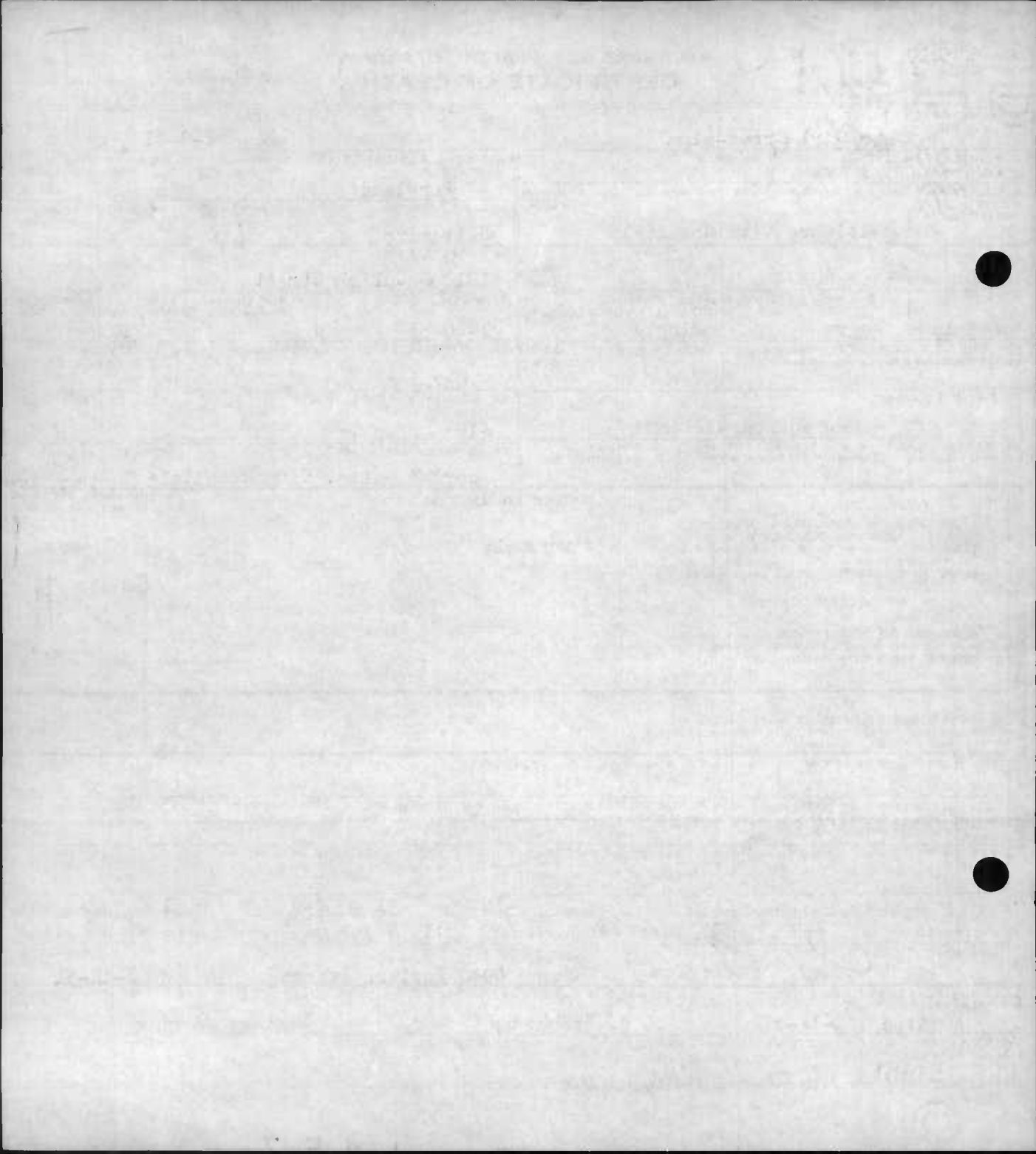
145219
51 1459
BIRTH NO. 51-01305

51 1459

1. NAME OF DECEASED (Type or Print) <u>Baby Girl Brown-Alma</u>			2. DATE OF DEATH <u>2-9-51</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Baltimore City Hospitals</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>1218 McCulloh Street</u>					
5. SEX <u>Female</u>			6. COLOR OR RACE <u>Negro</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			8. DATE OF BIRTH <u>1-20-51</u>		
9. AGE (in years last birthday) _____			10. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
11. CITIZEN OF WHAT COUNTRY? _____			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <u>James Edward Williams</u>			14. MOTHER'S MAIDEN NAME <u>Alma Brown</u> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>Records* Balto. City Hospitals</u>			ADDRESS <u>4940 Eastern Ave</u>		

18. <u>763.01</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u> DUE TO _____ (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <u>2-9-51</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-20</u> , 19 <u>51</u> , to <u>2-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-9</u> , 19 <u>51</u> , and that death occurred at <u>8:15 A.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>G. S. Cohen</u> M. D.		23B. ADDRESS <u>4940 Eastern Avenue</u>		23C. DATE SIGNED <u>2-12-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24B. DATE <u>2-12-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>B.C.H. Crematory</u>	
				24D. LOCATION (City, town, or county) (State) <u>4940 Eastern Avenue</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 15 1951</u>		REGISTRAR'S SIGNATURE <u>G. S. Cohen</u>		25. FUNERAL DIRECTOR ADDRESS _____	



350 1460
ND# 145551
BIRTH NO. 49-27213

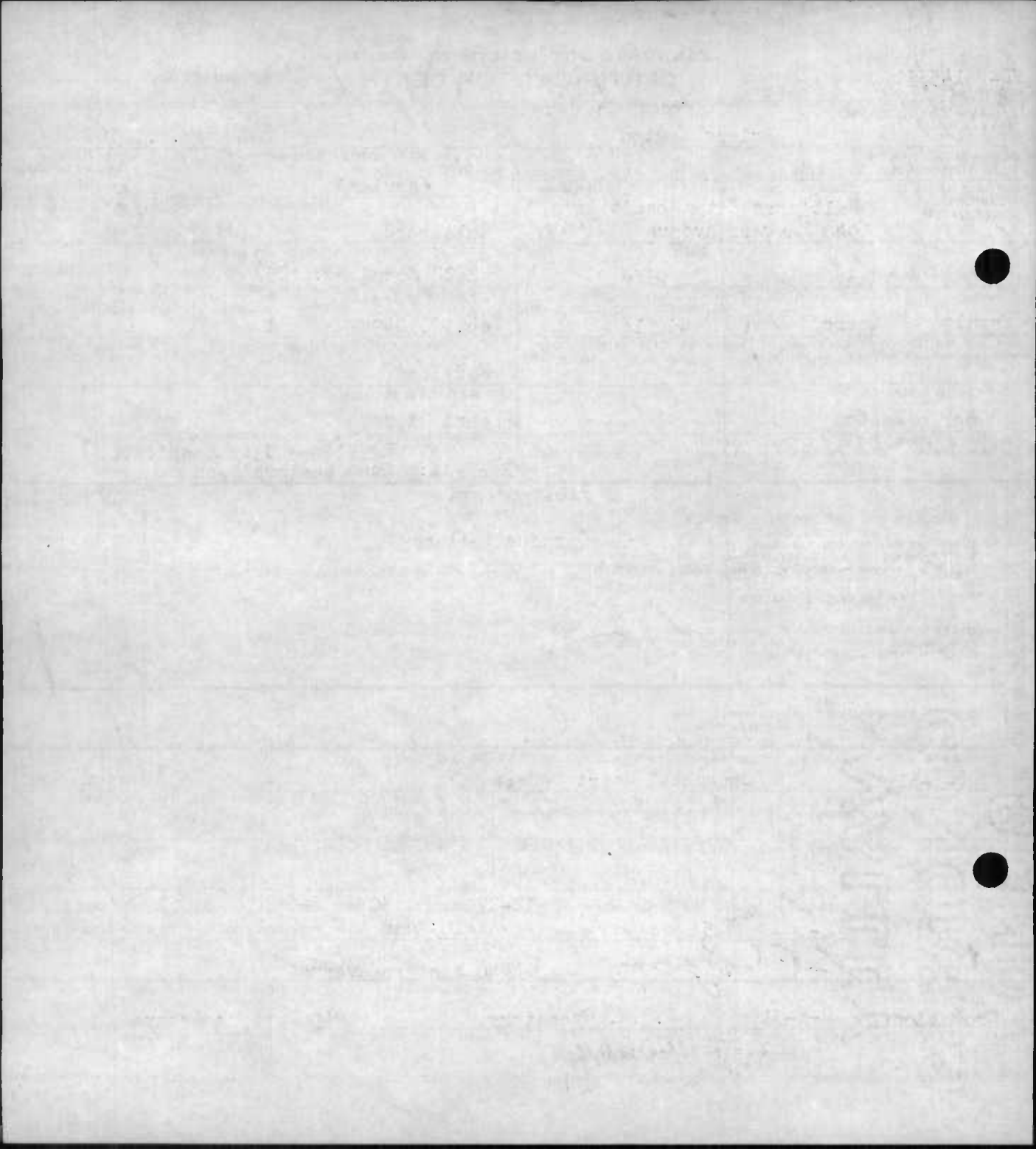
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1460

Registered No.

1. NAME OF DECEASED (Type or Print) Arlene Keaton		2. DATE OF DEATH Feb. 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2822 Round Rd. (25)			
5. SEX Female		6. COLOR OR RACE Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 18, 1949	
9. AGE (in years last birthday) 1		10. UNDER 1 Year Months: Days 1	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME George Keaton		14. MOTHER'S MAIDEN NAME Pearl Gilzard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 4940 Eastern Avenue	
17. INFORMANT Baltimore City Hospitals Records		ADDRESS 4940 Eastern Avenue	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 1 Yr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CONGENITAL HEART DEFECT			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2-6-51		19B. MAJOR FINDINGS OF OPERATION Congenital Heart Defect	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 4940 Eastern Avenue	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4940 Eastern Avenue		21D. TIME (Month) (Day) (Year) (Hour) INJURY 12-27, 1950, to 2-6, 1951	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? 10:40am	
22. I hereby certify that I attended the deceased from 12-27, 1950, to 2-6, 1951 that I last saw the deceased alive on 2-6, 1951 and that death occurred at 10:40am , from the causes and on the date stated above.			
23A. SIGNATURE J. S. Logan		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 2-6-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 2-6-51	
24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE William H. Williams	
25. FUNERAL DIRECTOR VS 150		ADDRESS 157E	

MEDICAL CERTIFICATION



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1461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1461

Registered No.

BIRTH NO. 50-22670

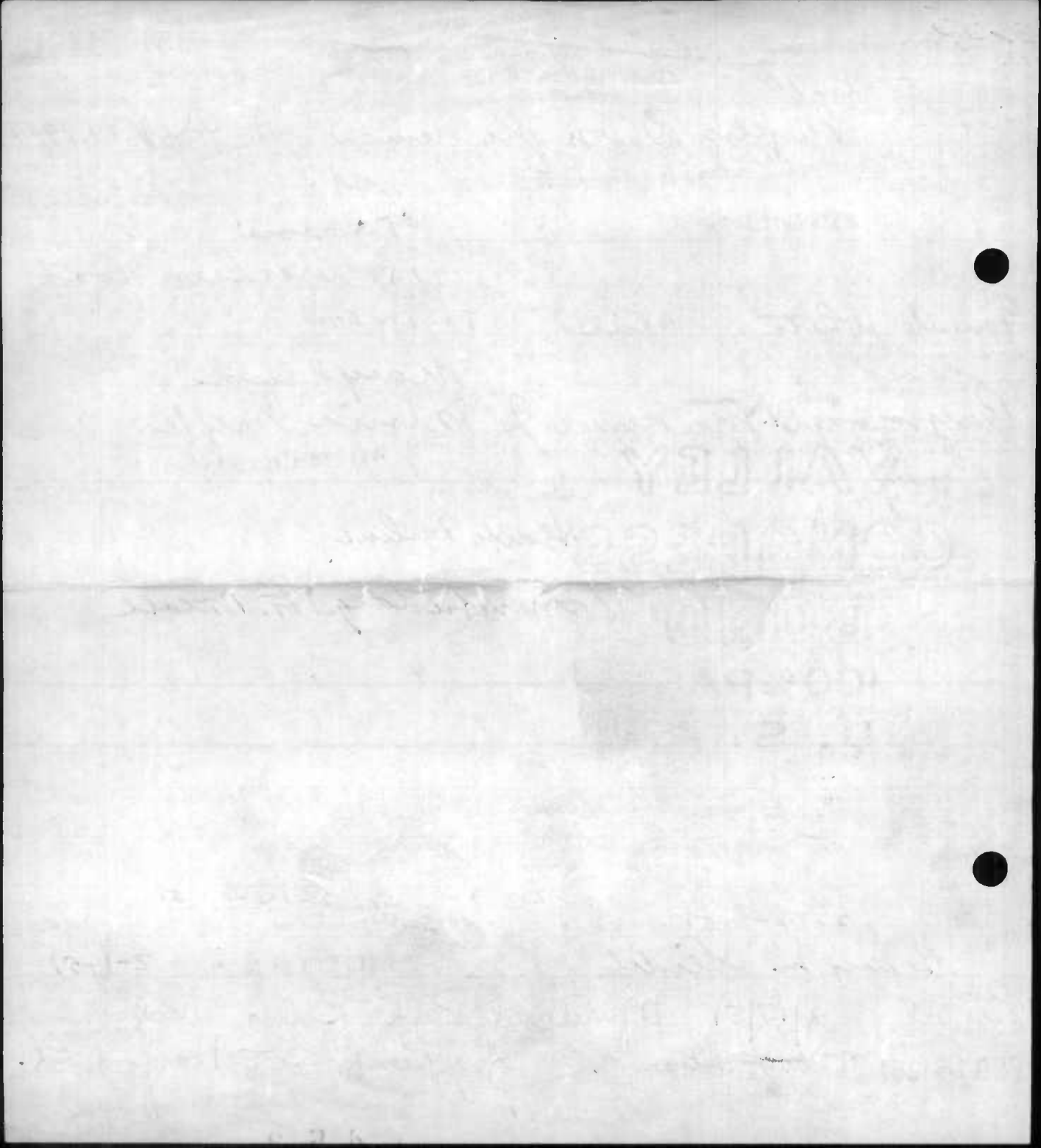
1. NAME OF DECEASED (Type or Print) <i>Phyllis Dawn Mc Nemar</i>			2. DATE OF DEATH <i>Feb. 14, 1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Rad. H & H 4 C.</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson 4 5300</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>1715 Aberdeen Road</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>10-21-50</i>	9. AGE (In years last birthday) <i>3</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Raymond V. Mc Nemar</i>			14. MOTHER'S MAIDEN NAME <i>Victoria Griffin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

1B. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Heart Failure</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Myocardial Cong. Ht. Disease</i> DUE TO	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2-3-</i> , 19 <i>51</i> , to <i>2-14-</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-14-</i> , 19 <i>51</i> , and that death occurred at <i>10:50 P.</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Henry M. Seidel</i> M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>2-14-51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/15/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mareland Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 15 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>L. J. Ruck, 5305 Harford Rd.</i>	

157E



530
51 1462BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1462
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Clara Belle Smith		2. DATE OF DEATH Feb. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2828 W. North Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 75- Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2828 W. North Ave.,			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 21, 1875	9. AGE (in years last birthday) 75	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Joseph Kremer		12. CITIZEN OF WHAT COUNTRY?			
14. MOTHER'S MAIDEN NAME Marion Clark		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. Vivian C. Moore 5316 Wendley Rd.			
18. 4/20/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis. DUE TO Arteriosclerotic Cardiovascular Disease. Bronchopneumonia. DUE TO Bronchopneumonia.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 2, 1951 to Feb. 13, 1951 , that I last saw the deceased alive on Feb. 13, 1951 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel B. Wolf		23B. ADDRESS 1331 North Ave.		23C. DATE SIGNED 2-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-17-1951		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE Samuel B. Wolf		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,	

MEDICAL CERTIFICATION

93D

1337 E. North
Dr. Samuel B. Wolfe

320
51 1463
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1463
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Landoy Godsey</i>			2. DATE OF DEATH <i>Feb. 12, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med - Apt 2</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION JONES HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> 5200		
6. Length of stay in Baltimore <i>30</i> <input checked="" type="checkbox"/> Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) <i>807 1st St. Ap. Pk md</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-15-94</i>	9. AGE (In years, last birthday) <i>56</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>foreman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>STEEL MILL</i>	11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Wm Godsey</i>			14. MOTHER'S MAIDEN NAME <i>Lda Ross</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JONES HOPKINS HOSPITAL			ADDRESS		

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) <i>ASPIRATION PNEUMONIA</i>	QUE TO	<i>8 HRS.</i>
	(B) <i>GENERALIZED ARTERIO-</i>	QUE TO	<i>10 YRS.</i>
(C) <i>SCLEROSIS</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/29, 1950</i> to <i>2/12, 1951</i> that I last saw the deceased alive on <i>2/12, 1951</i> and that death occurred at <i>3:15 p.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph Stokes III</i> M. D.		23B. ADDRESS JONES HOPKINS HOSPITAL		23C. DATE SIGNED <i>2-13-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/16/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ft. Liberty</i>	
24D. LOCATION (City, town, or county) (State) <i>Keyville Va.</i>		25. FUNERAL DIRECTOR <i>Hallard Funeral Home</i>			
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		ADDRESS <i>1631 W. and Hill Ave.</i>	

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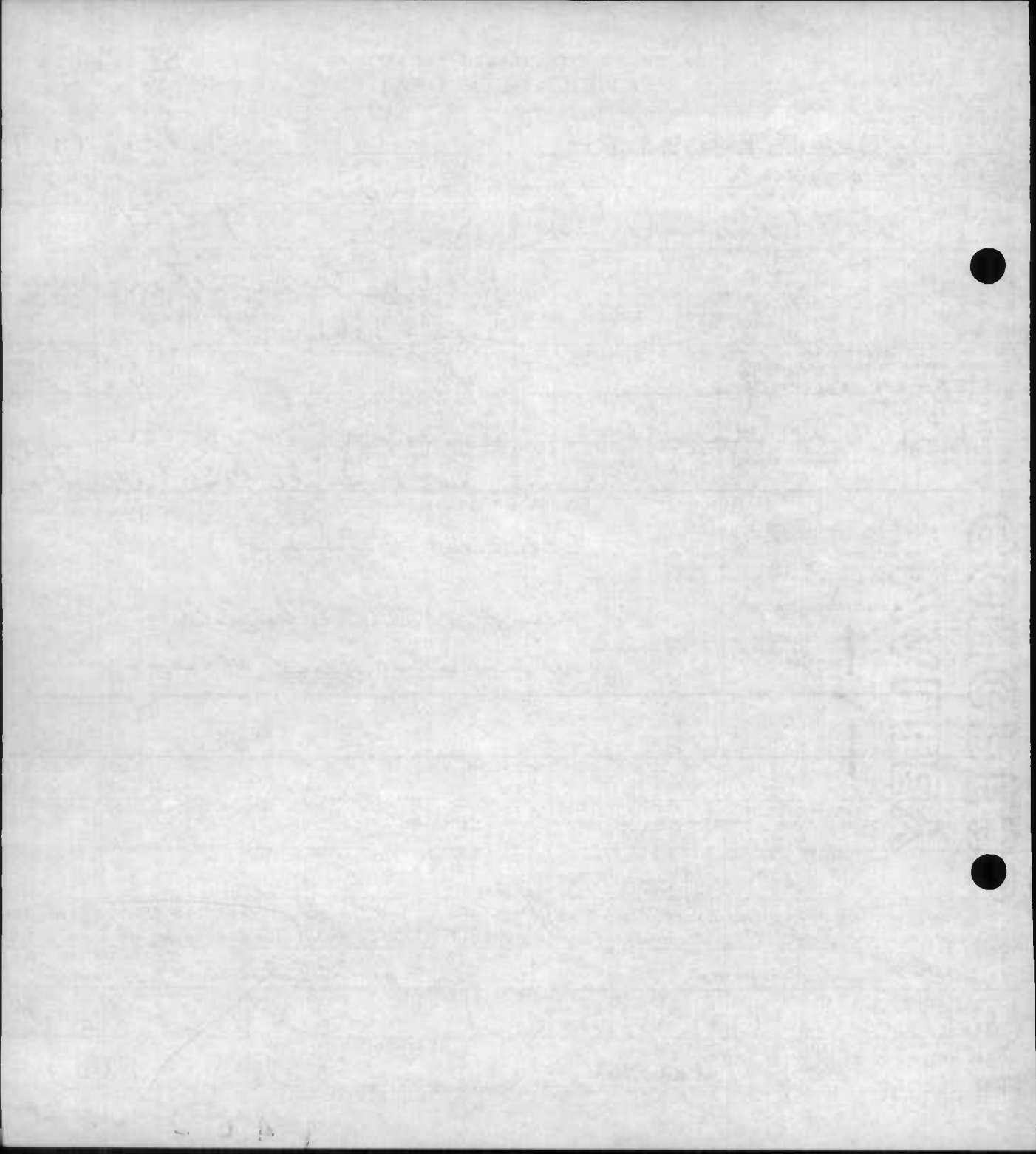
530
1464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1464
Registered No.

1. NAME OF DECEASED (Type or Print) DAISK SMITH		2. DATE OF DEATH Feb. 14 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md b. COUNTY 16-01	
b. FULL NAME OF HOSPITAL OR INSTITUTION 626 Arlington Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
c. Length of stay in Baltimore ?		d. STREET ADDRESS (If rural, give location) 626 n. Arlington Ave	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug - 1862
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTH PLACE (State or foreign country) Va.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robt. Perrance		14. MOTHER'S MAIDEN NAME Lucy Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Cora Smith		ADDRESS 626 Arlington Ave.	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) uremic coma DUE TO Hyertensi Cardia DUE TO placental renal disease		CAUSE OF DEATH uremic coma Hyertensi Cardia placental renal disease	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 2 , 1951, to Feb 14 , 1951, that I last saw the deceased alive on Feb 14 , 1951, and that death occurred at 5:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Minerva		23b. ADDRESS 805 n. Fremont	
23c. DATE SIGNED 2-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/17/51	
24c. NAME OF CEMETERY OR CREMATORY New Kent		24d. LOCATION (City, town, or county) (State) New Kent Co, Va.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE Walter W. Williams, M.D.	
25. FUNERAL DIRECTOR Wm. H. Kelson		ADDRESS 1303 Presstman St	

MEDICAL CERTIFICATION



450

51 1465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1465

BIRTH NO. 50-27203

1. NAME OF DECEASED (Type or Print) CHRISTINE MULLEN		2. DATE OF DEATH February 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1029 N. Stricker St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1422 Bruce Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12/17/50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 1
13. FATHER'S NAME Alfred Mullins		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Ruth Green	
17. INFORMANT Ruth Mullins Bruce St.		ADDRESS 1422	

18. 763.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Interstitial pneumonitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 14, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

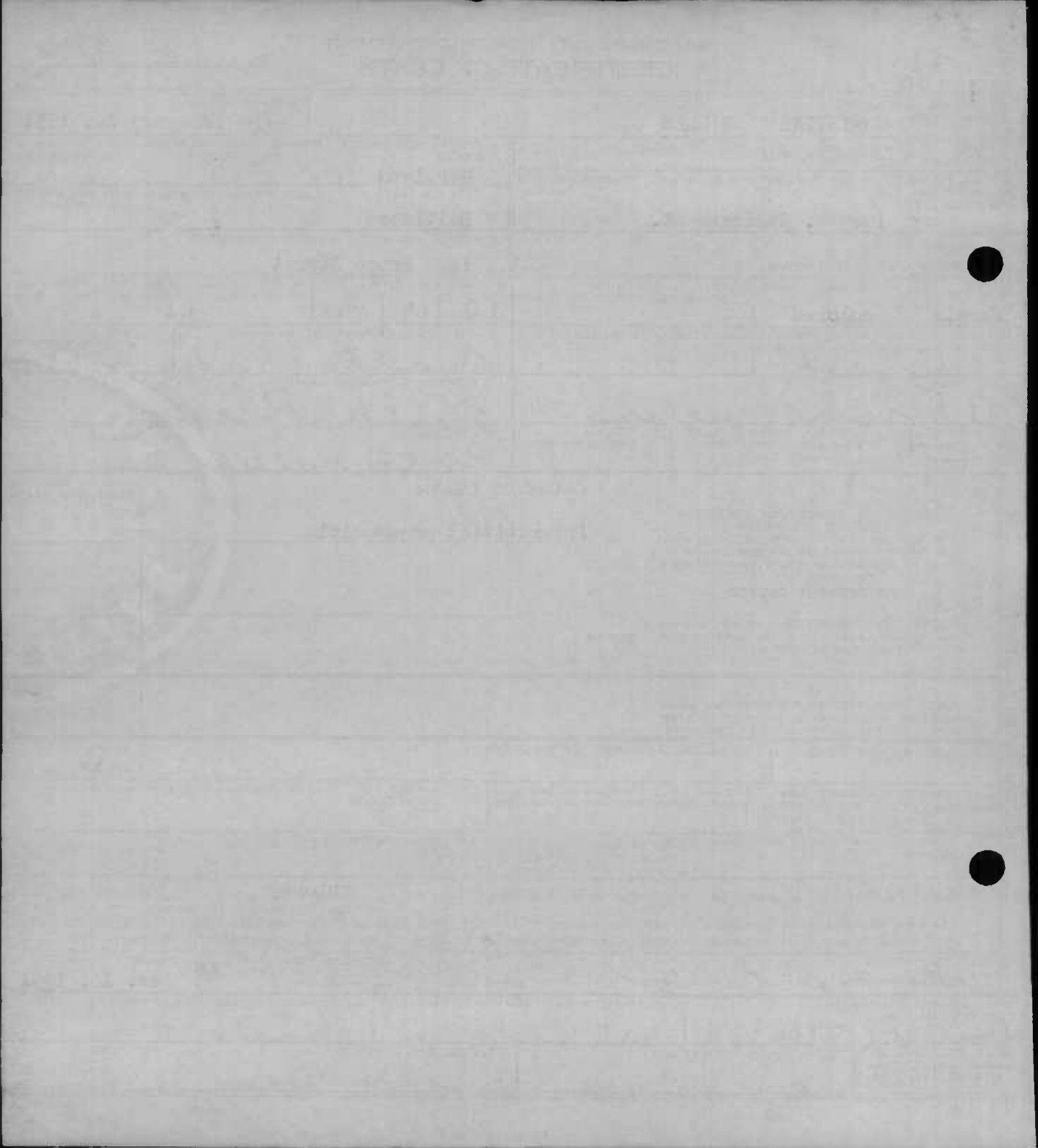
25. FUNERAL DIRECTOR

ADDRESS

VS 151

Stanley B. Ouellet M.D.
Geo. H. Nelson 1303
Presstman St 114E

MEDICAL CERTIFICATION



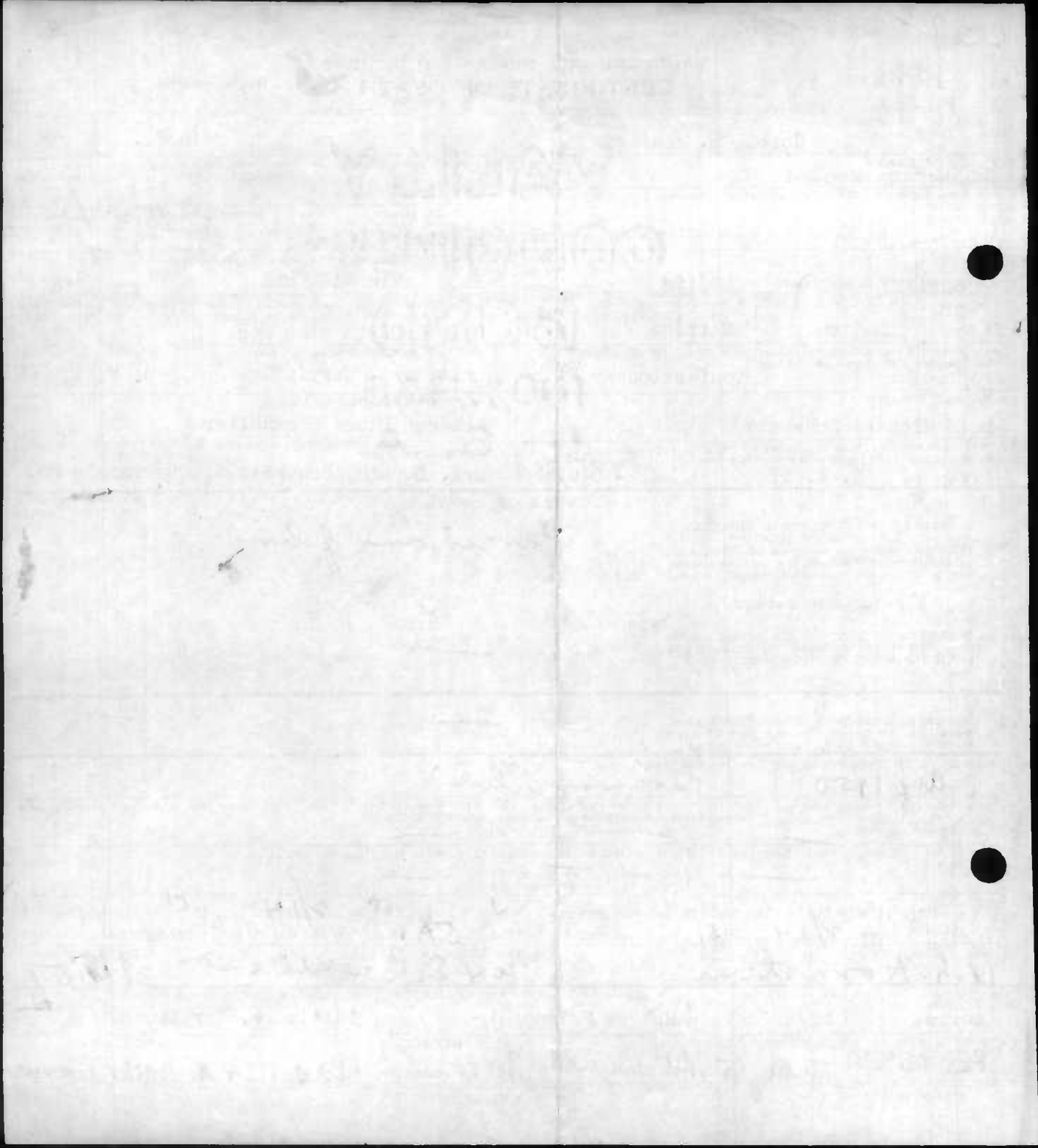
632
51 1466BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1466
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Joseph S. Schwartz		2/15/51.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5100 Levindale Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5100 Levindale Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married M.	8. DATE OF BIRTH 2/19/1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
10B. KIND OF BUSINESS OR INDUSTRY Confectionary Store		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Late Michael Schwartz		14. MOTHER'S MAIDEN NAME Rebecca Bluma Bookhalter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes W. W. II		16. SOCIAL SECURITY NO. 212-10-9152	
17. INFORMANT Mrs. Dorothy Schwartz		ADDRESS 5100 Levindale Rd.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of liver DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION Aug 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of liver	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan 1950 to 2/14, 1951, that I last saw the deceased alive on 2/14, 1951, and that death occurred at 5A. m., from the causes and on the date stated above.			
23A. SIGNATURE A. H. Hornstein		23B. ADDRESS 204 E. Biddle St	
23C. DATE SIGNED 2/15/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/16/51	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY FEB 15 1951		REGISTRAR'S SIGNATURE Sol Levinson & Bros. 1124 W. North Avenue	
25. FUNERAL DIRECTOR Sol Levinson & Bros. 1124 W. North Avenue		ADDRESS	

VS 150

2906A

46F



MARYLAND STATE DEPARTMENT OF HEALTH

51 1467

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH- COUNTY <u>Baltimore City</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>14-01</u>	
3. CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore City</u>		4. CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore City</u>	
5. TOWN OR STREET ADDRESS <u>1700 Park Ave</u>		6. STREET ADDRESS <u>1700 Park Ave</u>	
7. NAME OF DECEASED (First) (Middle) (Last) <u>ELIZABETH T KIRKBRIDE</u>		8. DATE OF DEATH (Month) (Day) (Year) <u>FEB 12 1957</u>	
9. SEX <u>FEMALE</u>	10. COLOR OR RACE <u>WHITE</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	12. DATE OF BIRTH <u>Sept. 2, 1885</u>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	14. KIND OF BUSINESS OR INDUSTRY <u>home</u>	15. AGE last birthday <u>65</u> yrs.	16. If under 1 year Months Days Hours <u>12</u>
17. FATHER'S NAME <u>John L Deputy</u>		18. MOTHER'S MAIDEN NAME <u>Rose Beck</u>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		20. SOCIAL SECURITY No. <u>no</u>	
21. INFORMANT AND ADDRESS <u>Mr. Lewin B. Deputy</u>		22. CHESTERTOWN Md.	
23. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		24. INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Congestive Heart Failure</u>		<u>6-7 months</u>	
Antecedent cause(s) (b) <u>Hypertension, Arterio-sclerosis, Myocarditis</u>		<u>Gradual</u>	
25. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
26. DATE OF OPERATION <u>443 X</u>	27. MAJOR FINDINGS OF OPERATION	28. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
29. ACCIDENT (Specify) SUICIDE HOMICIDE	30. PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	31. (CITY OR TOWN) (COUNTY) (STATE)	
32. TIME (Month) (Day) (Year) (Hour) OF INJURY	33. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>56</u> to <u>Feb 12</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>57</u> , and that death occurred at <u>3:30 P</u> m., from the causes and on the date stated above.			
36. SIGNATURE <u>A. Hoody</u>		37. ADDRESS <u>1403 Park Ave</u>	
38. DATE SIGNED <u>Feb 13-57</u>			
39. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	40. DATE <u>Feb 14, 1957</u>	41. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL CEM.</u>	42. LOCATION (City, town, or county) (State) <u>KENT CO. MARYLAND</u>
43. DATE REC'D BY LOCAL REG. <u>FEB 14-1957</u>	44. REGISTRAR'S SIGNATURE <u>Clara P. Barnes</u>	45. FUNERAL DIRECTOR <u>W. Willis Wells</u>	
46. ADDRESS <u>CHESTERTOWN Md</u>			

FEB 15 1957

93D



630
51 1468BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1468

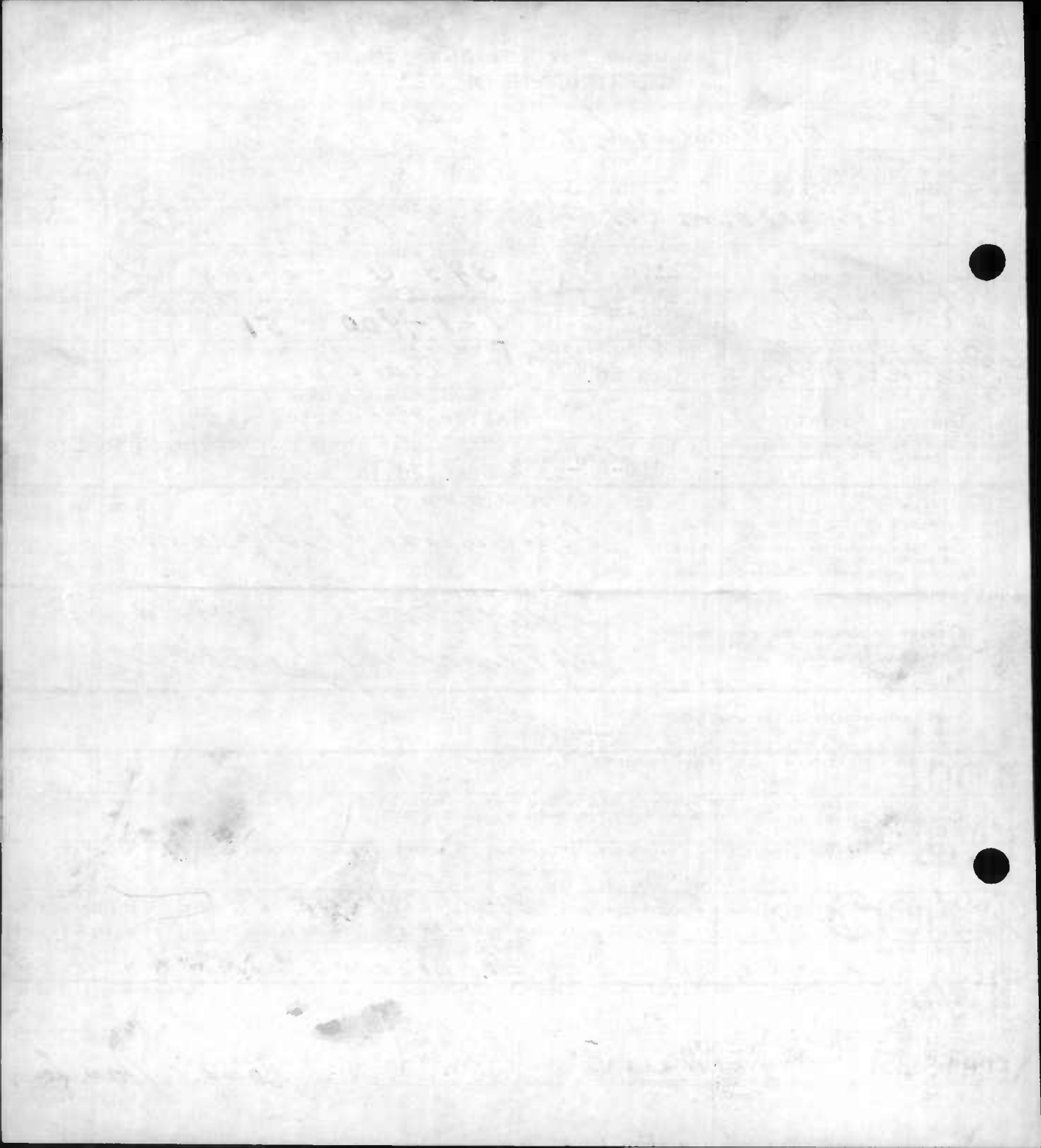
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mr. Bernard Pruett</i>		2. DATE OF DEATH <i>2-14-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>901</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. - 901</i>	
7. LENGTH OF STAY IN BALTIMORE <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>3934 Frisby St.</i>	
9. SEX <i>Male</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i>	12. DATE OF BIRTH <i>1-1-1900</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, also if retired) <i>Radio repair</i>		14. AGE (in years last birthday) <i>51</i>	
15. KIND OF BUSINESS OR INDUSTRY <i>Sun Cab Co.</i>		16. BIRTHPLACE (State or foreign country) <i>Ba Mo</i>	
17. FATHER'S NAME <i>George Pruett</i>		18. MOTHER'S MAIDEN NAME <i>Alice Fitzpatrick</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO. <i>216-09-3352</i>	
21. CAUSE OF DEATH <i>Long time heart failure</i>		22. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
23. INTEREST IN DEATH <i>Long time heart failure</i>		24. INTEREST IN DEATH <i>Long time heart failure</i>	
25. INTEREST IN DEATH <i>Long time heart failure</i>		26. INTEREST IN DEATH <i>Long time heart failure</i>	
27. INTEREST IN DEATH <i>Long time heart failure</i>		28. INTEREST IN DEATH <i>Long time heart failure</i>	
29. INTEREST IN DEATH <i>Long time heart failure</i>		30. INTEREST IN DEATH <i>Long time heart failure</i>	
31. INTEREST IN DEATH <i>Long time heart failure</i>		32. INTEREST IN DEATH <i>Long time heart failure</i>	
33. INTEREST IN DEATH <i>Long time heart failure</i>		34. INTEREST IN DEATH <i>Long time heart failure</i>	
35. INTEREST IN DEATH <i>Long time heart failure</i>		36. INTEREST IN DEATH <i>Long time heart failure</i>	
37. INTEREST IN DEATH <i>Long time heart failure</i>		38. INTEREST IN DEATH <i>Long time heart failure</i>	
39. INTEREST IN DEATH <i>Long time heart failure</i>		40. INTEREST IN DEATH <i>Long time heart failure</i>	
41. INTEREST IN DEATH <i>Long time heart failure</i>		42. INTEREST IN DEATH <i>Long time heart failure</i>	
43. INTEREST IN DEATH <i>Long time heart failure</i>		44. INTEREST IN DEATH <i>Long time heart failure</i>	
45. INTEREST IN DEATH <i>Long time heart failure</i>		46. INTEREST IN DEATH <i>Long time heart failure</i>	
47. INTEREST IN DEATH <i>Long time heart failure</i>		48. INTEREST IN DEATH <i>Long time heart failure</i>	
49. INTEREST IN DEATH <i>Long time heart failure</i>		50. INTEREST IN DEATH <i>Long time heart failure</i>	
51. INTEREST IN DEATH <i>Long time heart failure</i>		52. INTEREST IN DEATH <i>Long time heart failure</i>	
53. INTEREST IN DEATH <i>Long time heart failure</i>		54. INTEREST IN DEATH <i>Long time heart failure</i>	
55. INTEREST IN DEATH <i>Long time heart failure</i>		56. INTEREST IN DEATH <i>Long time heart failure</i>	
57. INTEREST IN DEATH <i>Long time heart failure</i>		58. INTEREST IN DEATH <i>Long time heart failure</i>	
59. INTEREST IN DEATH <i>Long time heart failure</i>		60. INTEREST IN DEATH <i>Long time heart failure</i>	
61. INTEREST IN DEATH <i>Long time heart failure</i>		62. INTEREST IN DEATH <i>Long time heart failure</i>	
63. INTEREST IN DEATH <i>Long time heart failure</i>		64. INTEREST IN DEATH <i>Long time heart failure</i>	
65. INTEREST IN DEATH <i>Long time heart failure</i>		66. INTEREST IN DEATH <i>Long time heart failure</i>	
67. INTEREST IN DEATH <i>Long time heart failure</i>		68. INTEREST IN DEATH <i>Long time heart failure</i>	
69. INTEREST IN DEATH <i>Long time heart failure</i>		70. INTEREST IN DEATH <i>Long time heart failure</i>	
71. INTEREST IN DEATH <i>Long time heart failure</i>		72. INTEREST IN DEATH <i>Long time heart failure</i>	
73. INTEREST IN DEATH <i>Long time heart failure</i>		74. INTEREST IN DEATH <i>Long time heart failure</i>	
75. INTEREST IN DEATH <i>Long time heart failure</i>		76. INTEREST IN DEATH <i>Long time heart failure</i>	
77. INTEREST IN DEATH <i>Long time heart failure</i>		78. INTEREST IN DEATH <i>Long time heart failure</i>	
79. INTEREST IN DEATH <i>Long time heart failure</i>		80. INTEREST IN DEATH <i>Long time heart failure</i>	
81. INTEREST IN DEATH <i>Long time heart failure</i>		82. INTEREST IN DEATH <i>Long time heart failure</i>	
83. INTEREST IN DEATH <i>Long time heart failure</i>		84. INTEREST IN DEATH <i>Long time heart failure</i>	
85. INTEREST IN DEATH <i>Long time heart failure</i>		86. INTEREST IN DEATH <i>Long time heart failure</i>	
87. INTEREST IN DEATH <i>Long time heart failure</i>		88. INTEREST IN DEATH <i>Long time heart failure</i>	
89. INTEREST IN DEATH <i>Long time heart failure</i>		90. INTEREST IN DEATH <i>Long time heart failure</i>	
91. INTEREST IN DEATH <i>Long time heart failure</i>		92. INTEREST IN DEATH <i>Long time heart failure</i>	
93. INTEREST IN DEATH <i>Long time heart failure</i>		94. INTEREST IN DEATH <i>Long time heart failure</i>	
95. INTEREST IN DEATH <i>Long time heart failure</i>		96. INTEREST IN DEATH <i>Long time heart failure</i>	
97. INTEREST IN DEATH <i>Long time heart failure</i>		98. INTEREST IN DEATH <i>Long time heart failure</i>	
99. INTEREST IN DEATH <i>Long time heart failure</i>		100. INTEREST IN DEATH <i>Long time heart failure</i>	

18. <i>443 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Long time heart failure</i> DUE TO (B) <i>Circumferential fibrillation</i> DUE TO (C) <i>Arterial hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <i>2-13-51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22. TIME (Month) (Day) (Year) (Hour) INJURY	22E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2-13-51</i> , 19 <i>51</i> , to <i>2-14-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-13-51</i> , 19 <i>51</i> , and that death occurred at <i>3:40 a.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>W. J. J. J.</i>	23B. ADDRESS <i>Bon Secours Hospital</i>	23C. DATE SIGNED <i>2-14-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>2/17/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cemetery Baltimore, Md.</i>
24D. LOCATION (City, town, or county) (State)	24E. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	24F. ADDRESS <i>BALTO., 13, MD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 15 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>	24G. SIGNATURE <i>Henry Sander</i>



163
51 1469BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1469
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rosabelle Cristinia Robert			2. DATE OF DEATH Feb. 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-07		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50yr.			D. STREET ADDRESS (If rural, give location) 1915 E. Preston Street		
5. SEX Fe.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1898	9. AGE (in years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Geraci			14. MOTHER'S MAIDEN NAME Cecilia Armstrong		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Edward Robert - 1915 E. Preston St.		

18. **260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION **2/17/51** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

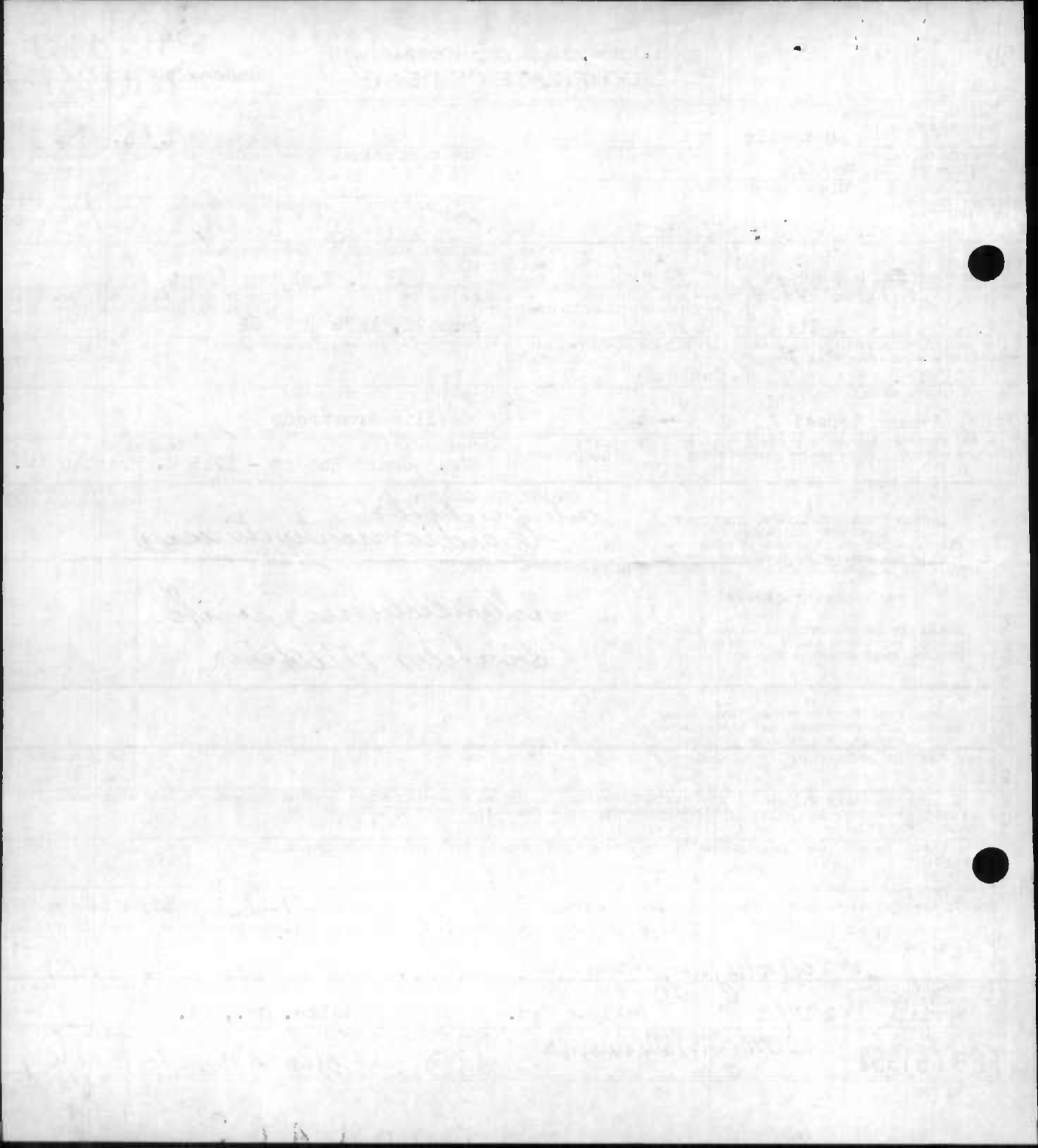
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/14/**, 19 **51** to **2/14/**, 19 **51** that I last saw the deceased alive on **2/14/**, 19 **51** and that death occurred at **12:50 AM.**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. Rodriguez Vega** M. D. 23B. ADDRESS **1100 N. Caroline Street** 23C. DATE SIGNED **2/14/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2/17/51** 24C. NAME OF CEMETERY OR CREMATORY **Oaklawn Cem.** 24D. LOCATION (City, town, or county) (State) **Balto. Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **FEB 15 1951** REGISTRAR'S SIGNATURE **Wm. J. Dickner** 25. FUNERAL DIRECTOR ADDRESS **Balto Md**



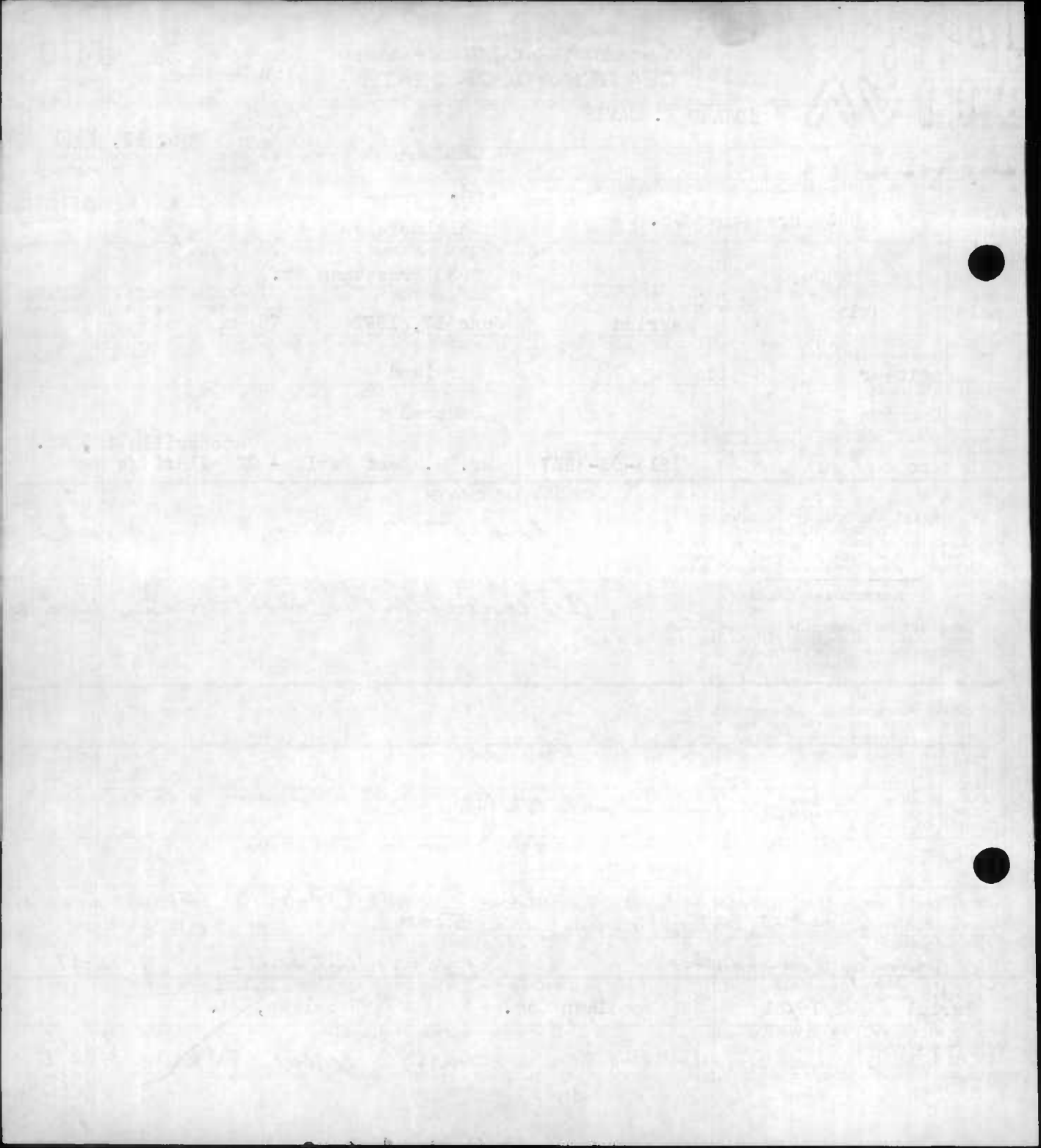
120
51 1470BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1470
Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD H. DAVIS			2. DATE OF DEATH Feb. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 16-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2930 Presstman St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2930 Presstman St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1872	9. AGE (In years last birthday) 78	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Ice	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-03-3937	17. INFORMANT Catonsville, Md. - Mr. E. Kent Davis - 227 Eldridge Way		

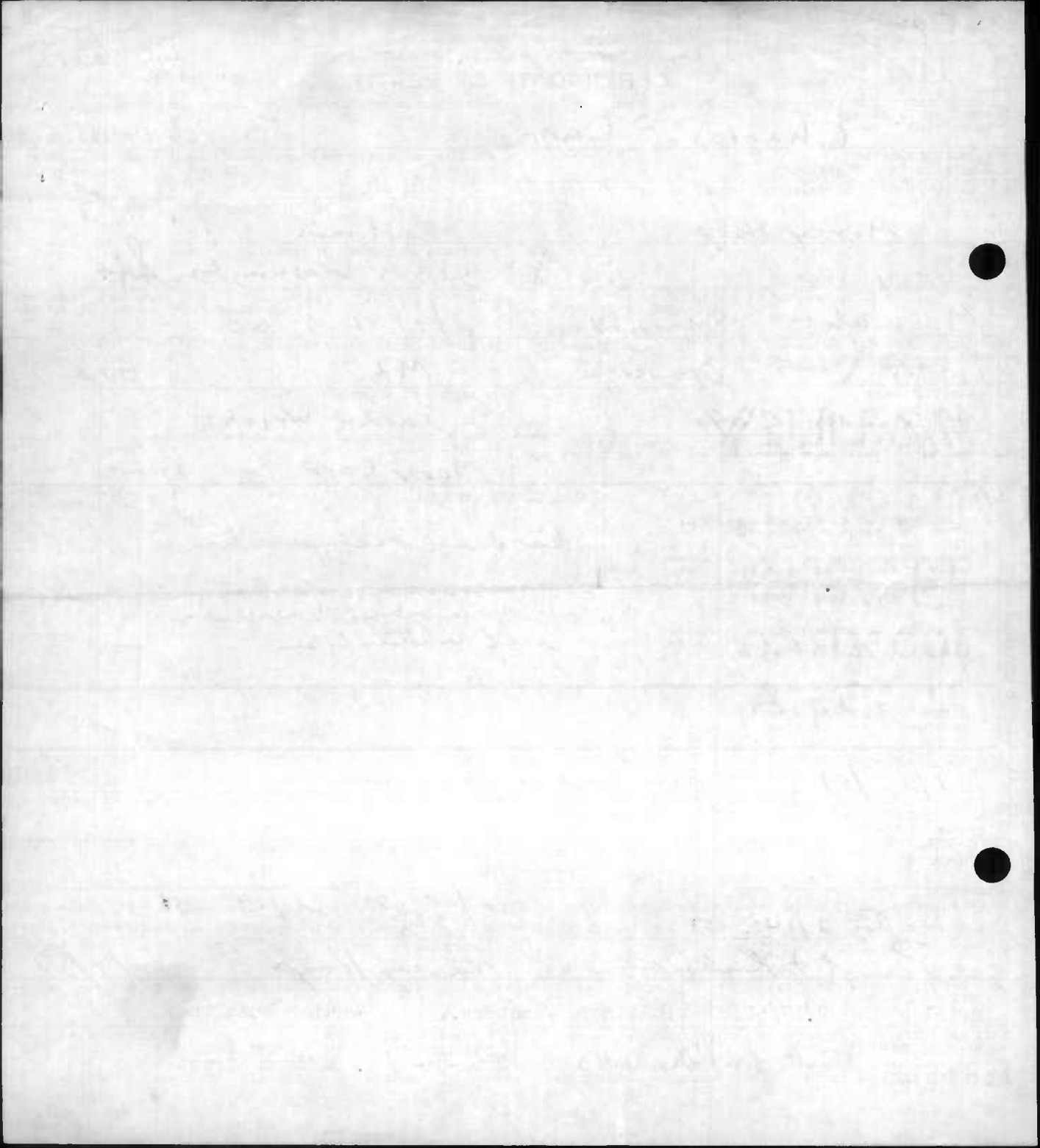
18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Heart Block DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Atherosclerotic Heart Disease DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 1 mch.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 50 , to Feb 13 , 19 51 , that I last saw the deceased alive on Feb 13 , 19 51 , and that death occurred at 5:20 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE A. Bradley Laughman		23B. ADDRESS 3033 W North Ave		23C. DATE SIGNED 2-13-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/16/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.					

DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Wm. J. Tiekens & Sons - Balto Md.	ADDRESS
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47c



T-512
51 1472BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1472
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Bryce Thompson

2. DATE
OF
DEATH

Feb. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Home for Incurables

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

422 Wynman Park Apts. Beech Ave & 40th St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Apr. 7, 1875

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days

10 6

If Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Registered nurse

10B. KIND OF BUSINESS OR
INDUSTRY

retired 12 yrs.

13. FATHER'S NAME

Robert Hughes Thompson

11. BIRTHPLACE (State or foreign country)

Howard Co., Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Margaret Helen Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Home for Incurables
M.F. Owens, 700 W. 40th St., Balto. 11, Md.

18. 174X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of the uterus

DUE TO

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Paralysis legatus

DUE TO

13 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May 7, 1945, to Feb 13, 1951, that I last saw the
deceased alive on Feb 13, 1951, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Houston Hensinger

M. O.

23B. ADDRESS

214 Medical Bldg Bldg.

23C. DATE SIGNED

2/13/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2 - 16 - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. Houston Hensinger

25. FUNERAL DIRECTOR

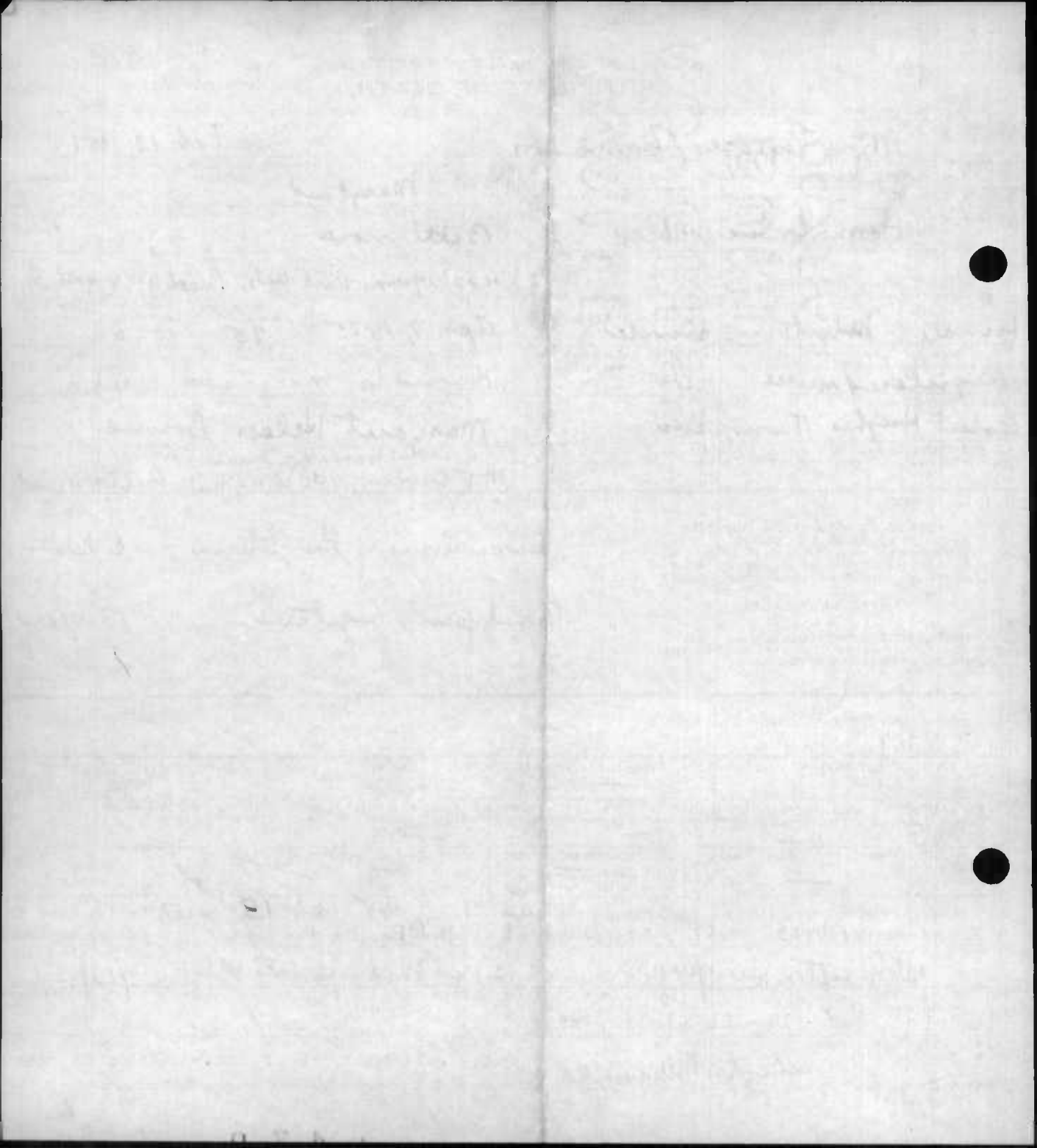
John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

FEB 15 1951

4812

MEDICAL CERTIFICATION



H-200

51 1473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1473

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John H. Alessi Sr.

2. DATE
OF
DEATH

2-12-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 929 S. Hanover St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, do or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary arterio sclerosis with syndrome.

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio vascular disease.

3 yrs.
8 mos.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 30, 1947, to Feb. 12, 1951 that I last saw the deceased alive on Feb. 11, 1951 and that death occurred at 5.30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

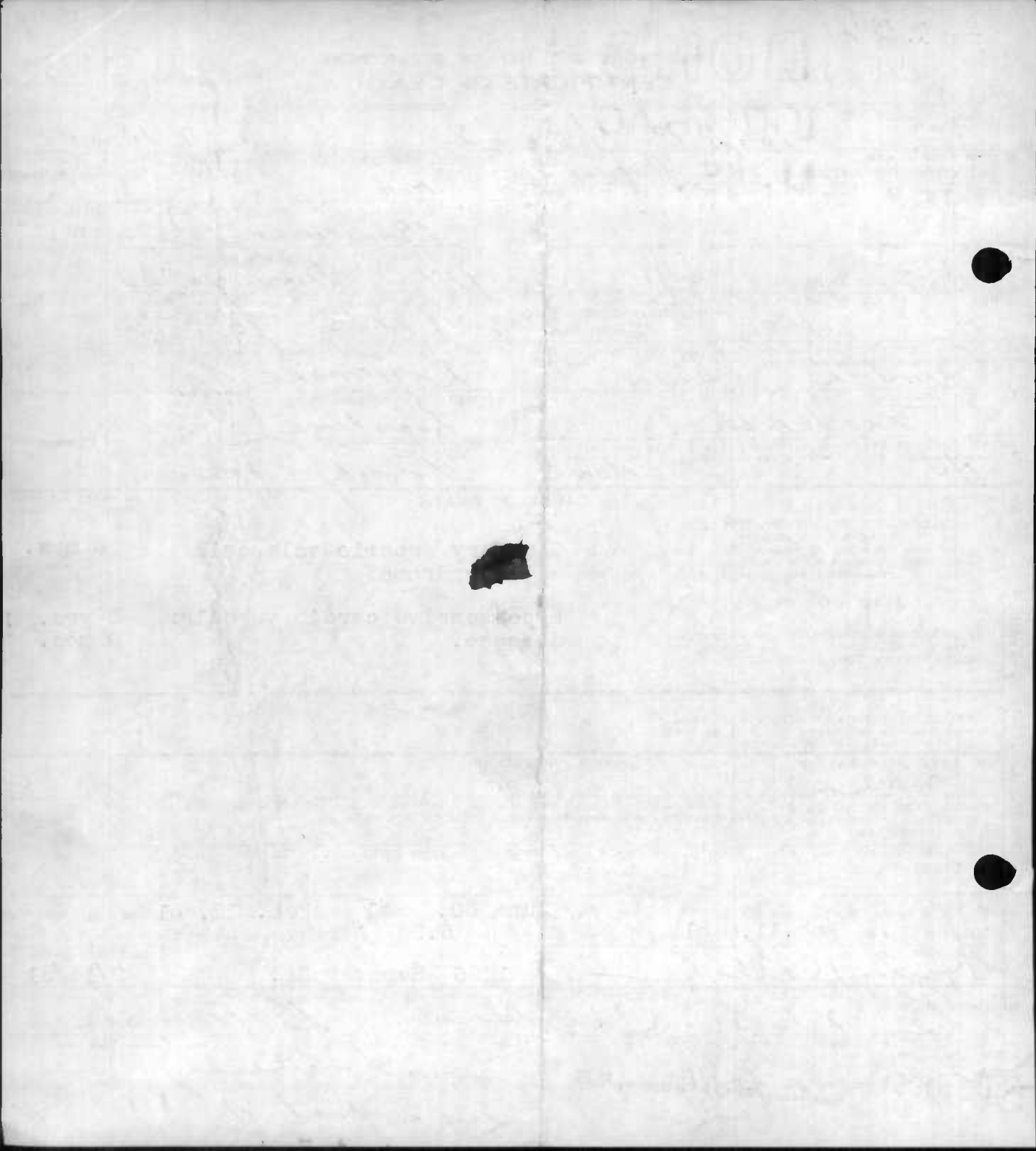
FEB 15 1951

VS 150

63584

130 S. Fort Ave. 927

MEDICAL CERTIFICATION



S-640

51 1474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1474
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Margaret Sprol

2. DATE
OF
DEATH

2/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived: If institution: residence
A. STATE B. COUNTY before admission)

Md

B. County Balto

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUnion Memorial Hosp
Calvert & 13th stsC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-11

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3603 Cedarvale Rd.

15

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anteroselectic heart disease

ANTECEDENT CAUSES

DUE TO Acute Pulmonary Edema

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/51, 19, to 2/14/51, 19, that I last saw the
deceased alive on 2/14/51, 19, and that death occurred at 1:50A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Richard Beach

M. D.

Union Memorial Hosp

2/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR,

ADDRESS

Burial

2/17/51

Druid Ridge Cem.

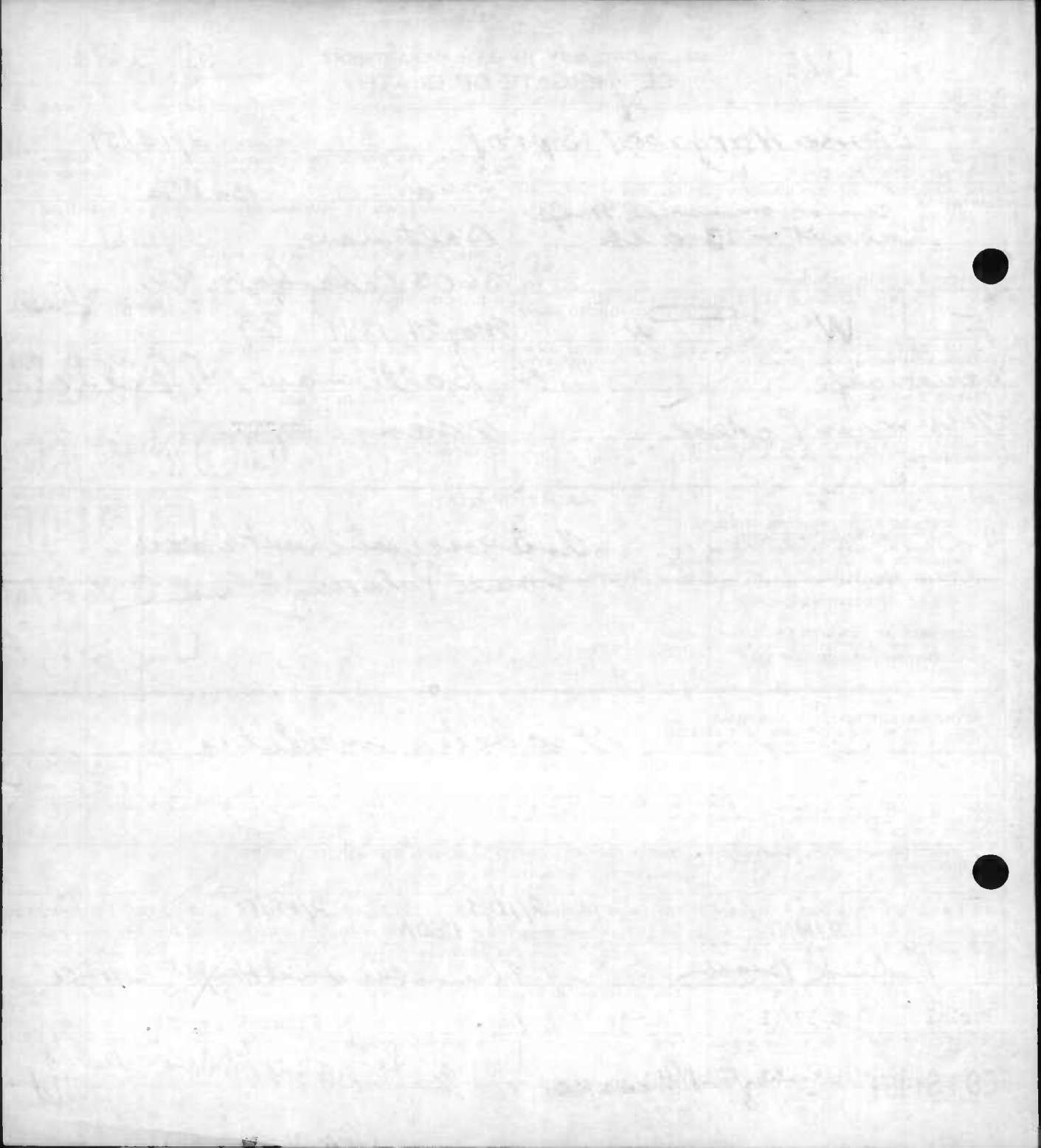
Pikesville, Md.

FEB 15 1951
VS 150

Huntington Williams, M.D.

Wm. J. Pickens & Son - Balto

61



D-240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1475

BIRTH NO.

51 1475

1. NAME OF DECEASED
(Type or Print)

William Degele

2. DATE
OF
DEATH

Feb. 14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4903 Hampnett Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Pineridge Nursing Home
INSTITUTION 4903 Hampnett Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

814 N. Pat. Pk. Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. Md.

D. STREET ADDRESS (If rural, give location)

814 N. Pat Park Ave.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 5/1880

9. AGE (in years
last birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lord Balto. Press

10B. KIND OF BUSINESS OR
INDUSTRY

Printer

(Retired)

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Degele

14. MOTHER'S MAIDEN NAME

Theresa --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
215-10-9087

17. INFORMANT

ADDRESS

Michael Brannan 814 N. Pat. Pk. Ave.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) DUE TO
(B) DUE TO
(C) DUE TOgen'l Carcinomatosis
& adenoma, hypo proteinemia
cachexia & inanition
(colon, probable primary site)

(over)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

gen'l arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1951, to 2/14, 1951, that I last saw the
deceased alive on 2/13, 1951, and that death occurred at 3:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1951

2024 Orleans St

46E

*If possible, please state a
more definite anatomical
location of the malignant tumor.*

See Document File 51-1475

"Adenocarcinoma of colon grade III with metastases
regional lymph node, liver, etc"

2/28/51

ES

1. NAME OF DECEASED (Type or Print) Rosalie M. Schamberger		2. DATE OF DEATH 2/14/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 24-01	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1427 Richardson Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-2-1926
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clinical Work	9b. KIND OF BUSINESS OR INDUSTRY Southern States Coop. Farmers Coop.	9. AGE (in years last birthday) 25	10. CITIZENSHIP (If Under 1 Year Months; Days; If Under 24 Hours Hours; Min.) 25
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME Albert Schamberger		14. MOTHER'S MAIDEN NAME Catherine Heichling	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-22-5540	
17. INFORMANT Albert Schamberger		ADDRESS 1427 Richardson St	

18. 592x	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Chronic Glomerulo Nephritis</i>	DUE TO	
ANTECEDENT CAUSES	<i>Acute Exacerbation</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	DUE TO	
	(C)		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

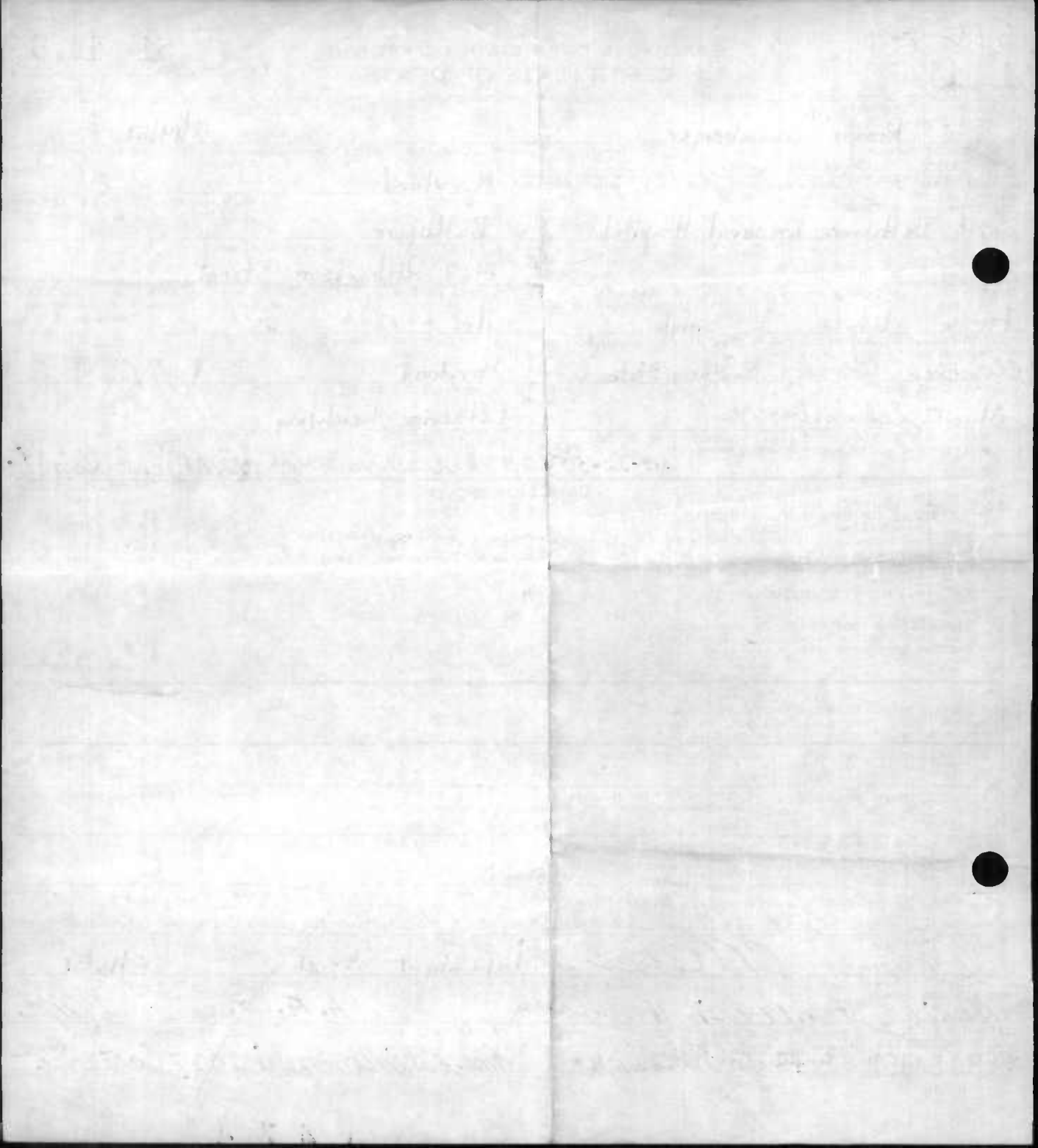
22. I hereby certify that I attended the deceased from FEB. 13, 1957, to FEB. 14, 1957, that I last saw the deceased alive on FEB. 14, 1957, and that death occurred at 7:40 m., from the causes and on the date stated above.

23A. SIGNATURE <i>D. C. D. Quirino</i>	23B. ADDRESS 1213 light Street	23C. DATE SIGNED 2/14/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 17-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 15 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. S. Fialkowski</i>	25. FUNERAL DIRECTOR <i>Wm. S. Fialkowski</i>	ADDRESS <i>2007 Eastern Ave</i>

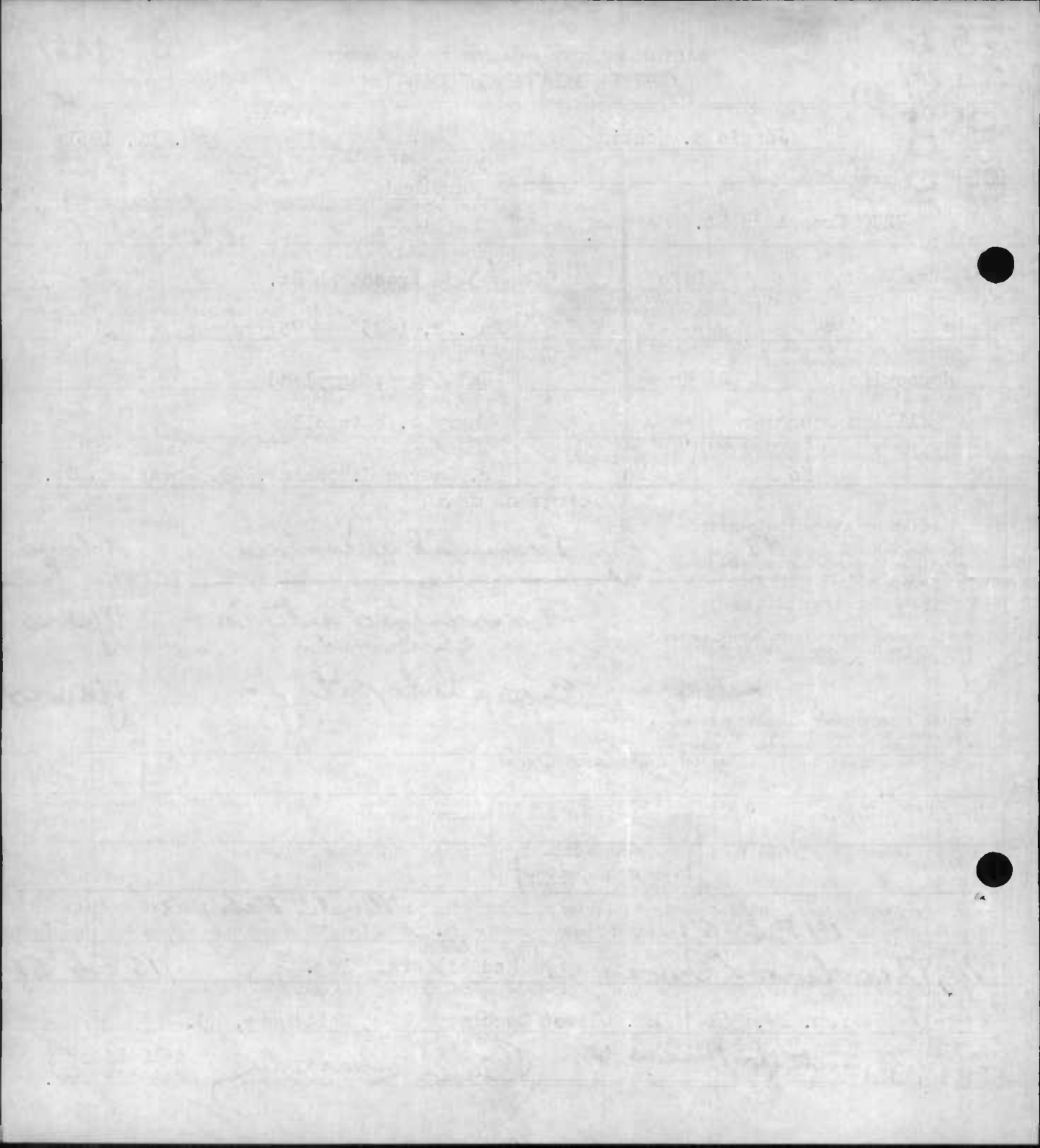
390 fx

1312



252
1477BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1477
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Jennie S. Hosking	
2. DATE OF DEATH Feb. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3230 Presstman St.	
6. STREET ADDRESS (If rural, give location) 3230 Presstman St.	
7. LENGTH OF STAY IN BALTIMORE Life	
8. SEX Female	
9. COLOR OR RACE White	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
11. DATE OF BIRTH Aug. 2, 1875	
12. AGE (In years, last birthday) 75 yrs	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
14. KIND OF BUSINESS OR INDUSTRY At Home	
15. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
16. CITIZEN OF WHAT COUNTRY? What Country?	
17. FATHER'S NAME William Spurrier	
18. MOTHER'S MAIDEN NAME Mary C. Frizzell	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
20. SOCIAL SECURITY NO. No	
21. INFORMANT Mr. George S. Hosking, 3230 Presstman St.	
22. ADDRESS	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal uremia	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arterio-sclerosis	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Encephalopathy	
26. DATE OF OPERATION 0	
27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
29. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) INJURY	
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from 1946 to 14 Feb, 1951 , that I last saw the deceased alive on 14 Feb, 1951 and that death occurred at 6.15 A.M. , from the causes and on the date stated above.	
36. SIGNATURE Mr. Theodore Bass M. D.	
37. ADDRESS Medical Arts Bldg.	
38. DATE SIGNED 15 Feb '51	
39. BURIAL, CREMATION, REMOVAL (Specify) Burial	
40. DATE Feb. 17, 1951	
41. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
42. LOCATION (City, town, or county) (State) Baltimore, Md.	
43. DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951	
44. REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	
45. FUNERAL DIRECTOR Wm. J. Williams, M.D.	
46. ADDRESS 4510 Liberty Heights Ave.	



200
1478BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1478
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL P. SESSA

2. DATE
OF DEATH

2/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIV. HOSP.

Length of stay in Baltimore

5

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

January 11, 1912

9. AGE (In years last birthday)

39

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ASST. FOREMAN

10B. KIND OF BUSINESS OR INDUSTRY

CROWN CORK & SEAL CO.

13. FATHER'S NAME

FRANK SESSA.

CORK PRODUCTS (M)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

213-01-2346

17. INFORMANT

ADDRESS

JOSEPH SESSA, 200 OAK LANE N.W. GLEN BURNIE, MD.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis

DUE TO

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hardened Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pyelolithotomy & cardiac arrest & bronchopneumonia on table

19A. DATE OF OPERATION

2/13/51

19B. MAJOR FINDINGS OF OPERATION

Renal Calculus, left

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1951, to Feb 13, 1951, that I last saw the deceased alive on Feb 13, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Univ. Hosp.

2/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB. 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

BROOKLYN, MD. (RURAL)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1951

F. M. S. Williams, M.D.

250 Singleton, Glen Burnie, Md.

VS 150

523 32

1342

MEDICAL CERTIFICATION

VALLEY

OF THE

LAND

COAST

U. S. A.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 1479**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN J. Wehner		2. DATE OF DEATH February 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 6-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 401 N. Streeper Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH JAN. 15 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sta. Engineer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79
13. FATHER'S NAME ?		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? ?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Mr Charles Wehner, 305 Stuffs		ADDRESS	

18. E81214 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Multiple fractures (legs and skull) DUE TO (B) Traumatic injury of small intestine DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

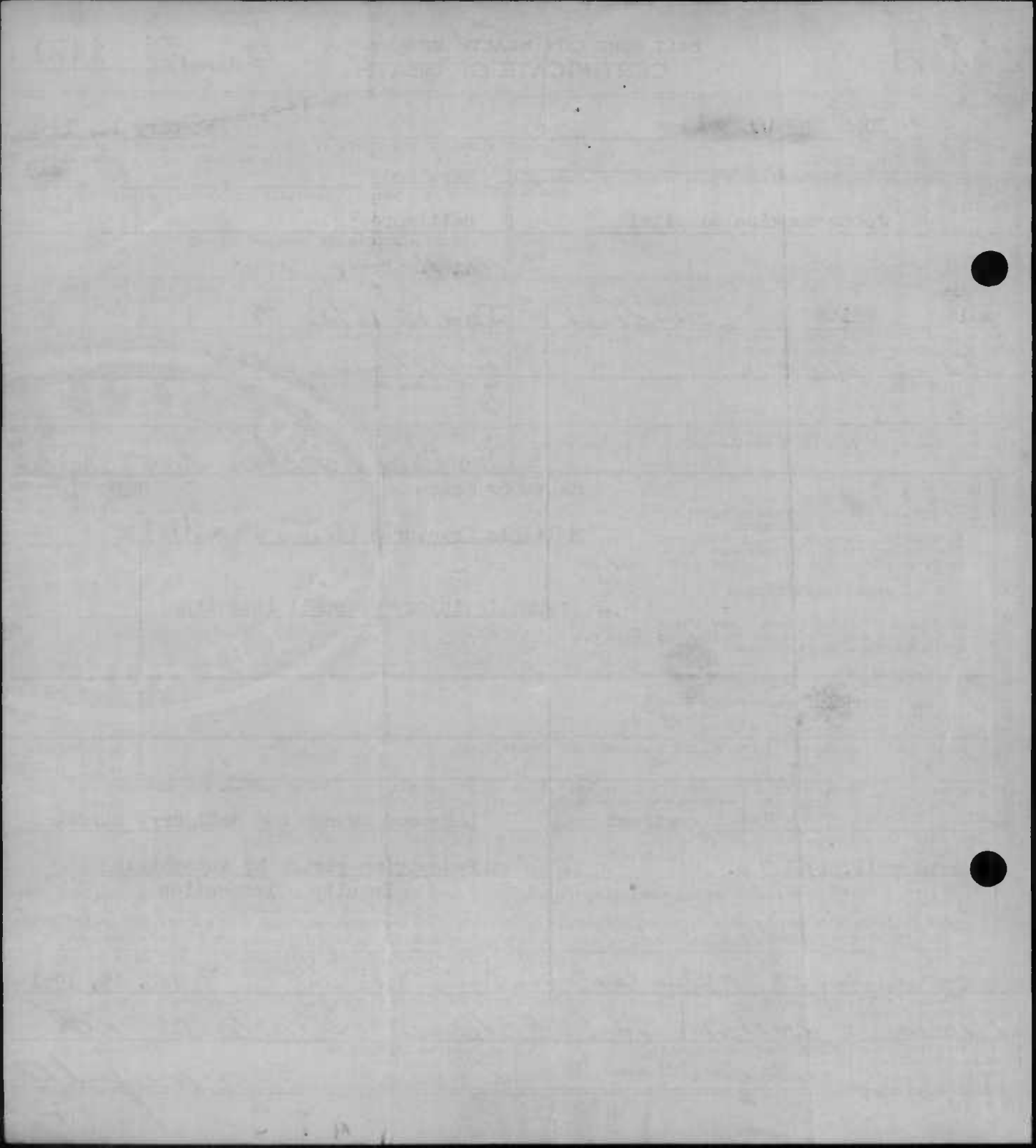
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Lakewood Avenue and McElderry Street		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 11, 1951 7 p.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile		
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley K. Overlander		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> Feb. 15, 1951		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/17/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore, Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951	REGISTRAR'S SIGNATURE Wm. J. Williams	25. FUNERAL DIRECTOR J. Luck 5305 Harford Rd	

V S 151

N-804.2

MEDICAL CERTIFICATION

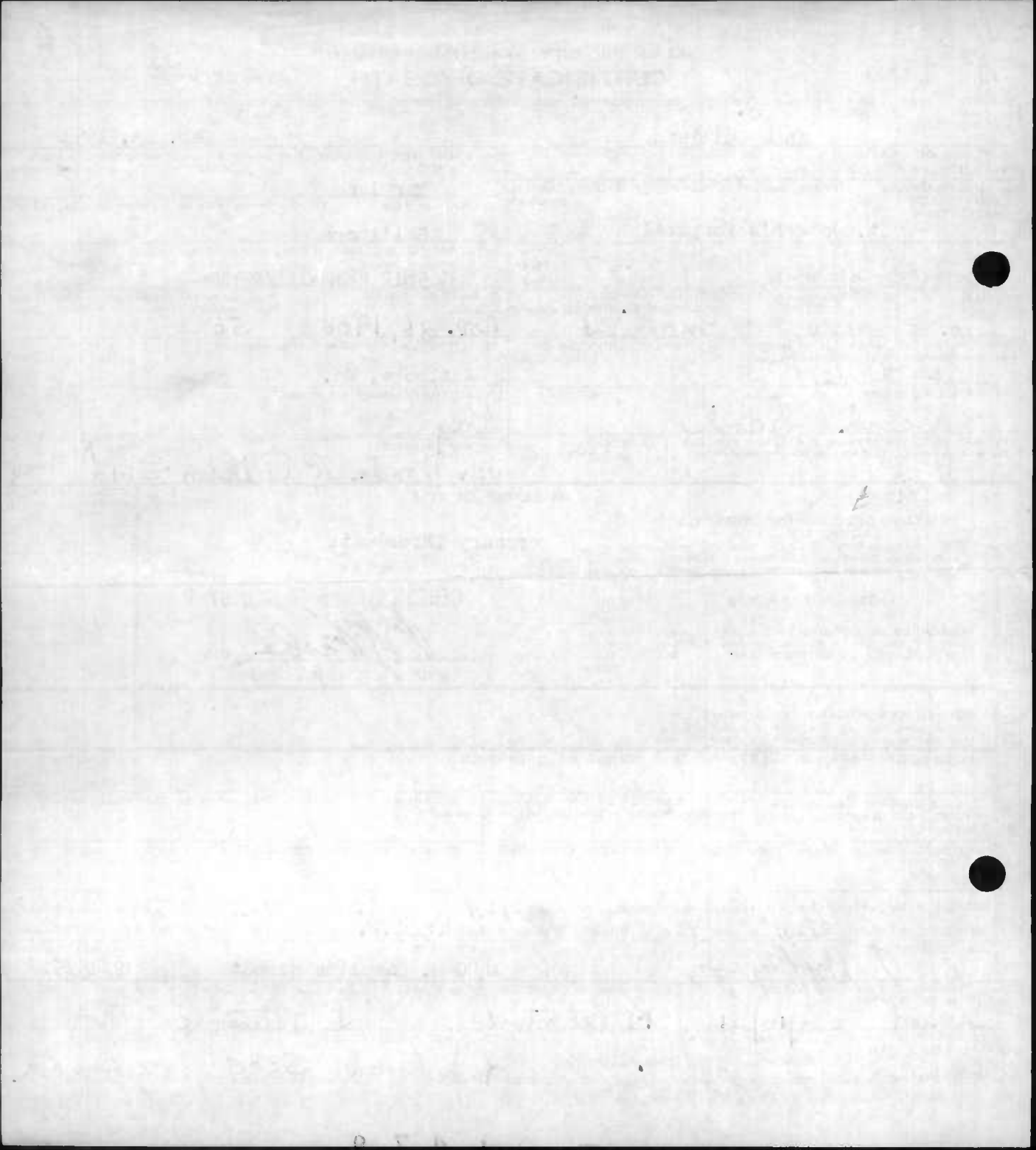


425
51 1480
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1480
Registered No.

1. NAME OF DECEASED (Type or Print) Anna Cullison		2. DATE OF DEATH Feb. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5612 Remmell Avenue	
5. SEX Fe.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 26, 1900
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Sachs		14. MOTHER'S MAIDEN NAME Ray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Vonda L Cullison		ADDRESS Remmell 5612	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY P. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/13/ , 19 51 to 2/13/ , 19 51 that I last saw the deceased alive on 2/13/ , 19 51 and that death occurred at 4:35 P.M. from the causes and on the date stated above.			
23A. SIGNATURE P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED 2/15/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/16/51	
24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore Md	
25. FUNERAL DIRECTOR L. J. Ruck		ADDRESS 5305 Harford Rd	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE Montgomery Williams, M.D.	
VS 150			

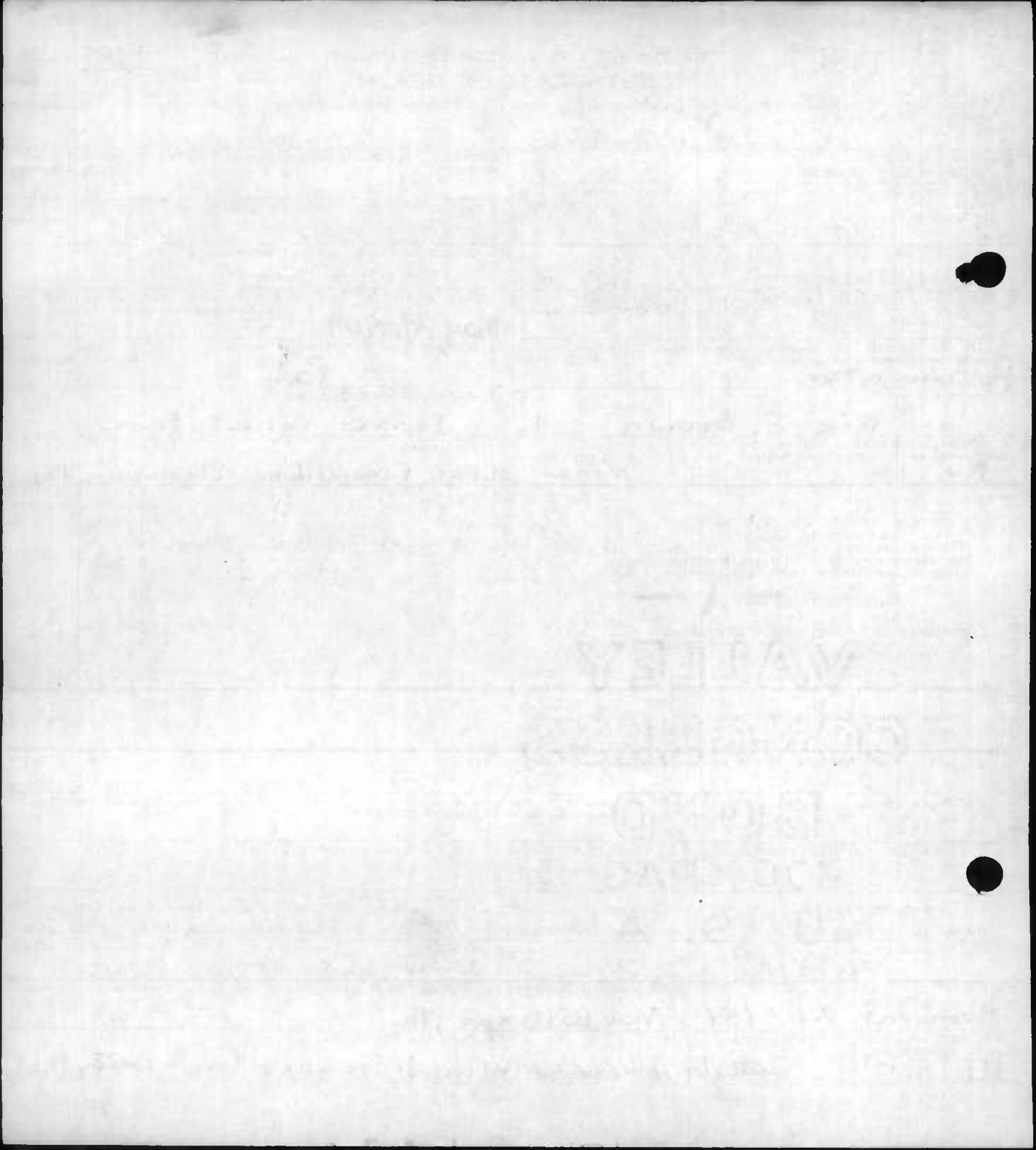
MEDICAL CERTIFICATION

094a



422
51 1481BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 51 1481
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HILDA Louise HILLAGAS		2-15-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. Hosp		A. STATE PA V-35 B. COUNTY C. CITY OR TOWN BEDFORD D. STREET ADDRESS (If rural, give location) MANN'S CHURCH			
5. SEX F		6. COLOR OR RACE W		8. DATE OF BIRTH May 29, 1909	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday) 39 41		10. CITIZEN OF WHAT COUNTRY? Pa.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pa.	
13. FATHER'S NAME Kie E. Brown		14. MOTHER'S MAIDEN NAME Jesse Whetstone		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mickie Funeral Home - Shellsburg Pa.	
18. 193 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Brain Tumor - Astrocytoma fibrillary		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION 1-2-51		19B. MAJOR FINDINGS OF OPERATION Br. Tumor - Astrocytoma		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-15-1951 to 2-15-1951, that I last saw the deceased alive on 2-15-1951 and that death occurred at 10:30 Am., from the causes and on the date stated above.					
23A. SIGNATURE Hubert K. Spauls M. D.		23B. ADDRESS University Hosp.		23C. DATE SIGNED 2-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2/15/51		24C. NAME OF CEMETERY OR CREMATORY New Baltimore, Pa.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Wm. J. Tickner & Son - Balto, Md.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1951		REGISTRAR'S SIGNATURE		ADDRESS	



600

CERTIFICATE CORRECTED 3-1-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 1482

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Orville

MARION A. CARR

2. DATE
OF
DEATH

2-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md. Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

62-00

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Sept. 23, 1891

9. AGE (In years
last birthday)

60 59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

FARMER-Dairy

11. BIRTHPLACE (State or foreign country)

Harford Co Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Marion Carr

14. MOTHER'S MAIDEN NAME

Martha Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Carr

ADDRESS

R.D.

Miss Helen Carr, Street Md

18.

420 0 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

and Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1951, to 2-15, 1951, that I last saw the deceased alive on 2-15, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. T. O'Hara

M. D.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

2-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Glenbur Cem

24D. LOCATION (City, town, or county)

Harford Co, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. T. O'Hara

25. FUNERAL DIRECTOR

H. S. Bailey, Harlington

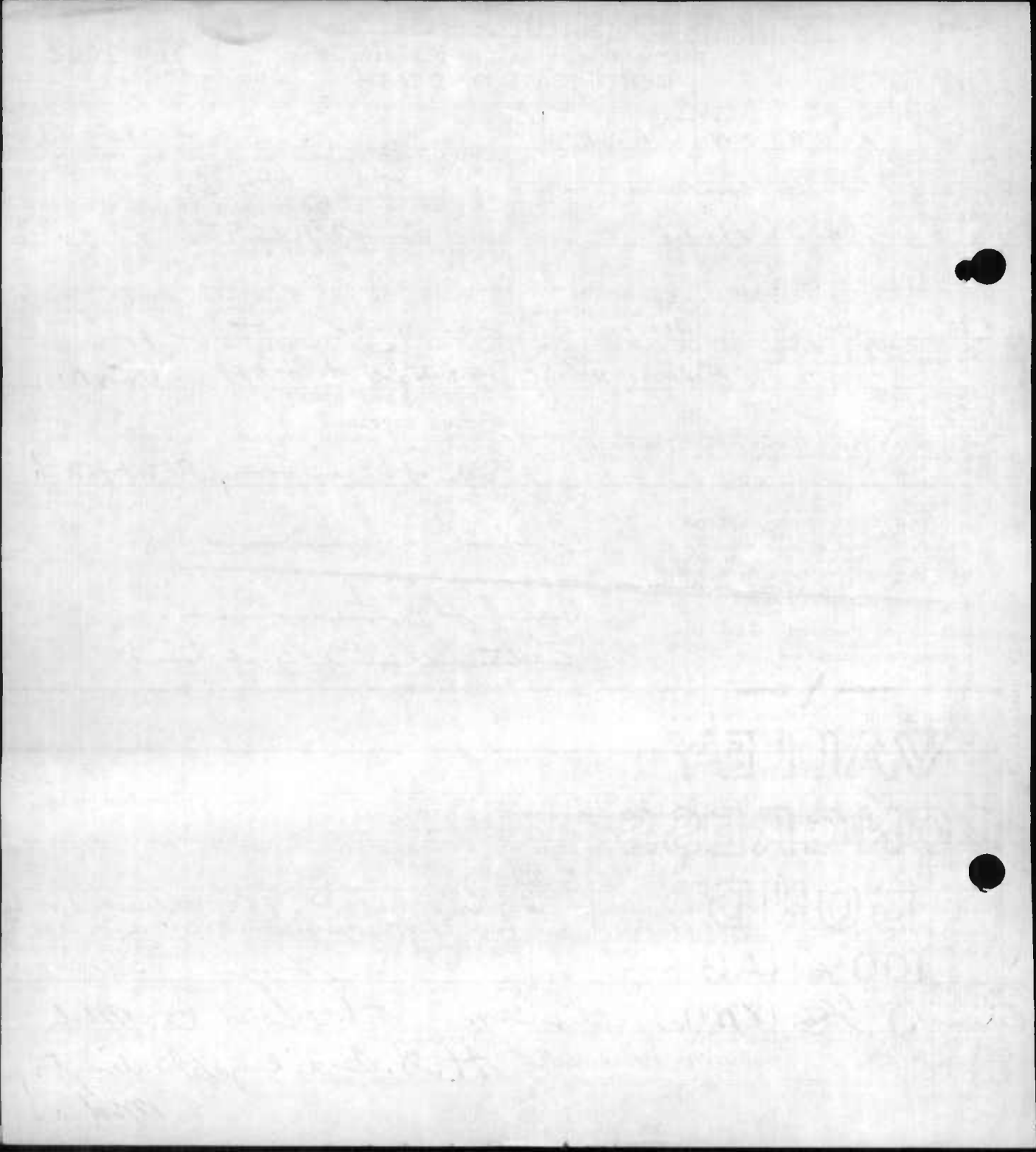
ADDRESS

FEB 15 1951

VS 150

10010

093d Md.



52

51 1483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1483

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOSEPH JAMES EVANS		2. DATE OF DEATH 2-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) ST. AGNES HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CATONSVILLE 63-00			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 100 WOODLAWN AVE.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 27, 1881	9. AGE (In years, last birthday) 69	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GEN'L MANAGER		10B. KIND OF BUSINESS OR INDUSTRY CHEMICAL FACTORY		11. BIRTHPLACE (State or foreign country) MD.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME JAMES EVANS		14. MOTHER'S MAIDEN NAME MARY KERN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mary Evans, 100 Woodlawn Ave.	
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Prostatic disease DUE TO		CAUSE OF DEATH Hypertension DUE TO		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerosis DUE TO		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 5, 1945 to Feb. 13, 1951 , that I last saw the deceased alive on Feb 13, 1951 , and that death occurred at 8:15 Am. , from the causes and on the date stated above.					
23A. SIGNATURE A. M. Henning		23B. ADDRESS 208 - Dupont Circle		23C. DATE SIGNED 2/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-16-51		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS George A. Forley - Fulton & Fayette St.			

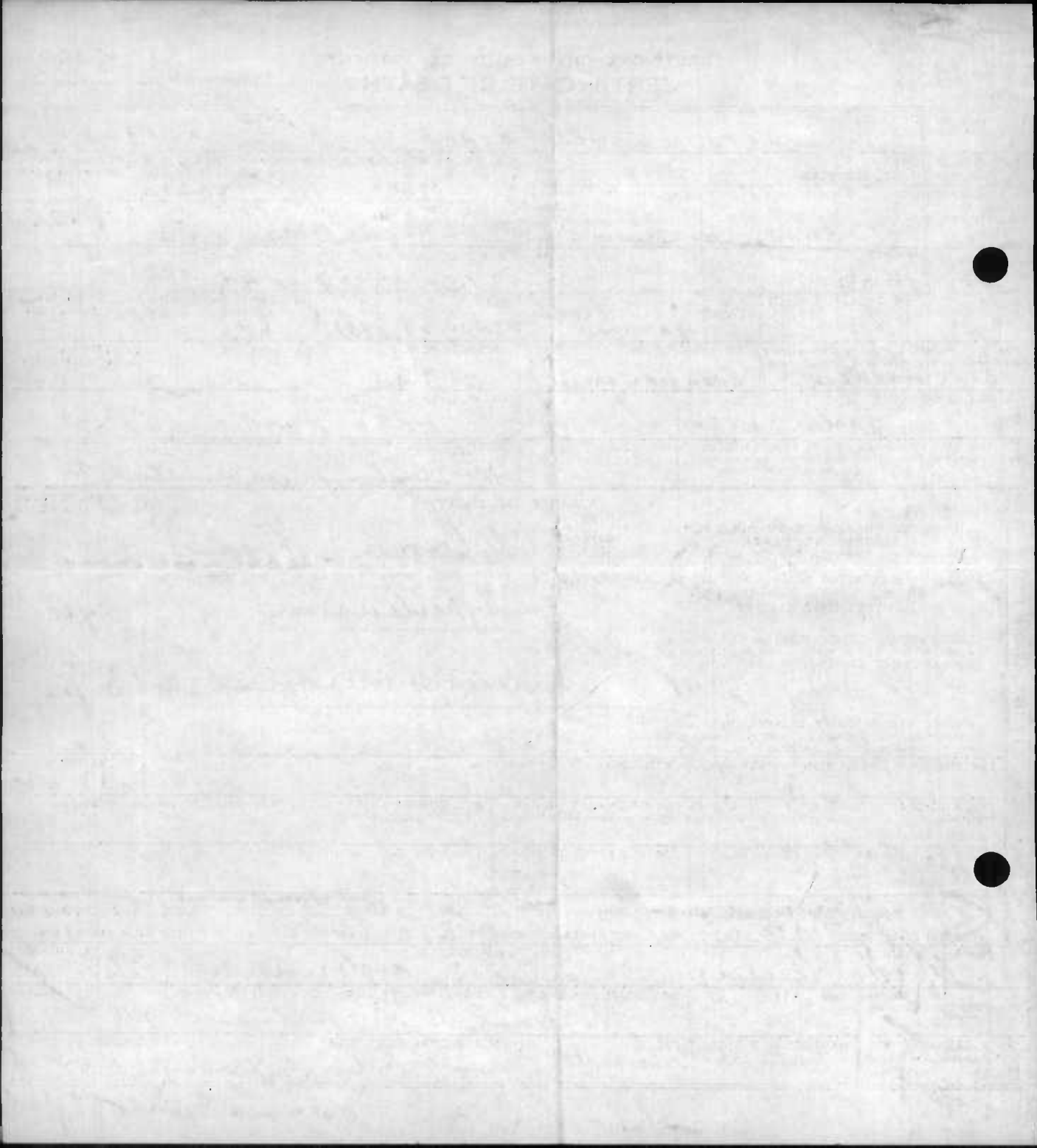
MEDICAL CERTIFICATION

DATE RECEIVED BY
LOCAL REGISTRAR
FEB 16 1951

VS 150

290 4R

094a



450
51 1484
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 1484
Registered No.

1. NAME OF DECEASED (Type or Print) John Frederick Kline			2. DATE OF DEATH Feb. 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 111 N. East Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 3rd 1870	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor			10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.		
13. FATHER'S NAME William Kline			14. MOTHER'S MAIDEN NAME Hibernia Mask		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 218-09-9991		
17. INFORMANT John Vernon Kline 11 N. East Ave			ADDRESS		

18. 570.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Senescent Pericarditis & Suppurative Pericarditis DUE TO Perforation of the ileum	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

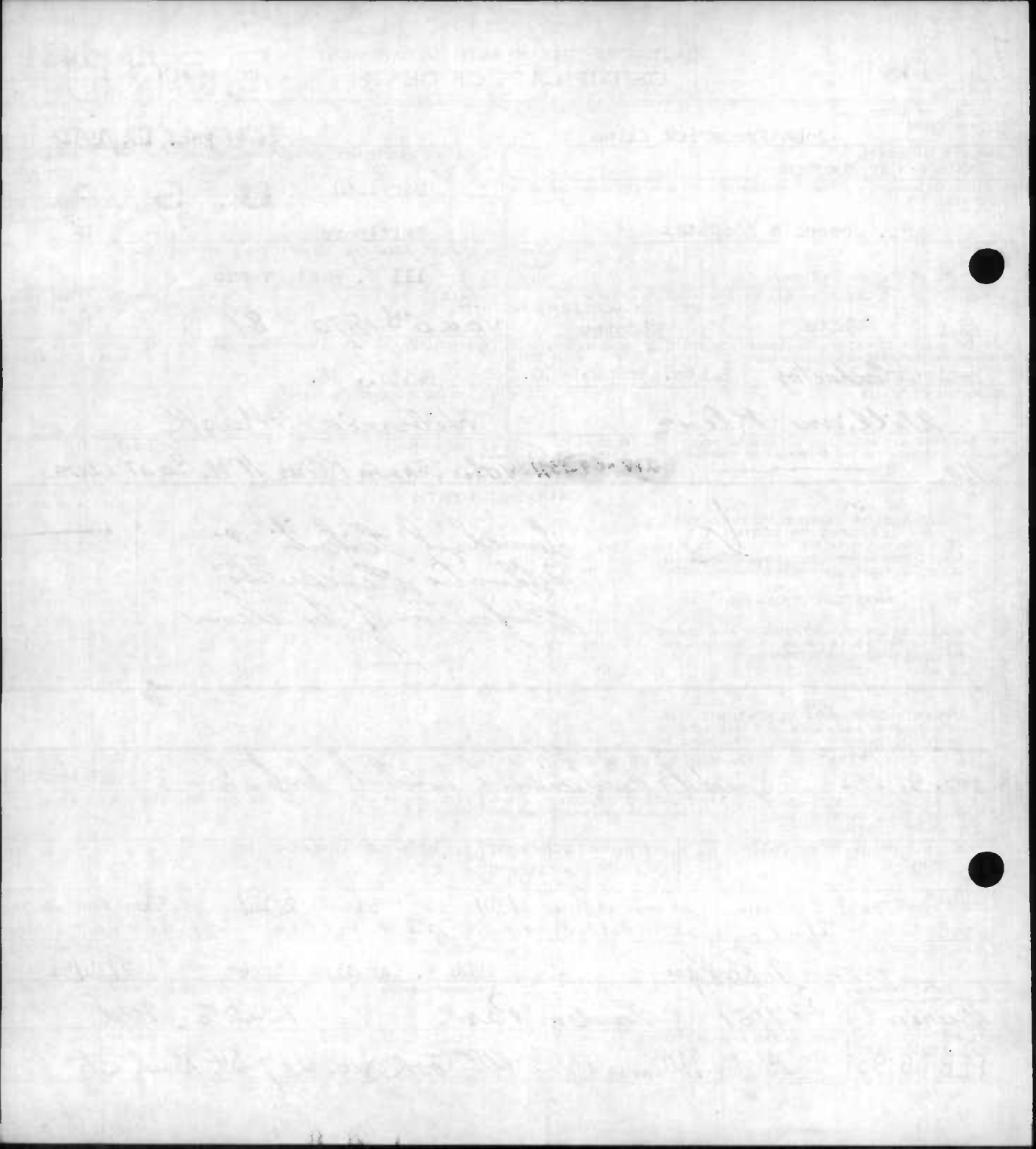
19A. DATE OF OPERATION Feb. 5, 1951	19B. MAJOR FINDINGS OF OPERATION Pericardial Dissection & Perforated Intestine	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/30/51**, 19 **51** to **2/14/51**, 19 **51** that I last saw the deceased alive on **2/14/51**, 19 **51** and that death occurred at **3:12 PM.**, from the causes and on the date stated above.

23A. SIGNATURE Wm. J. Ralston	23B. ADDRESS 1400 N. Caroline Street	23C. DATE SIGNED 2/14/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/17/51	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Balto. Md
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DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951	REGISTRAR'S SIGNATURE Wm. J. Ralston	25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.	ADDRESS
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415
51 1485BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

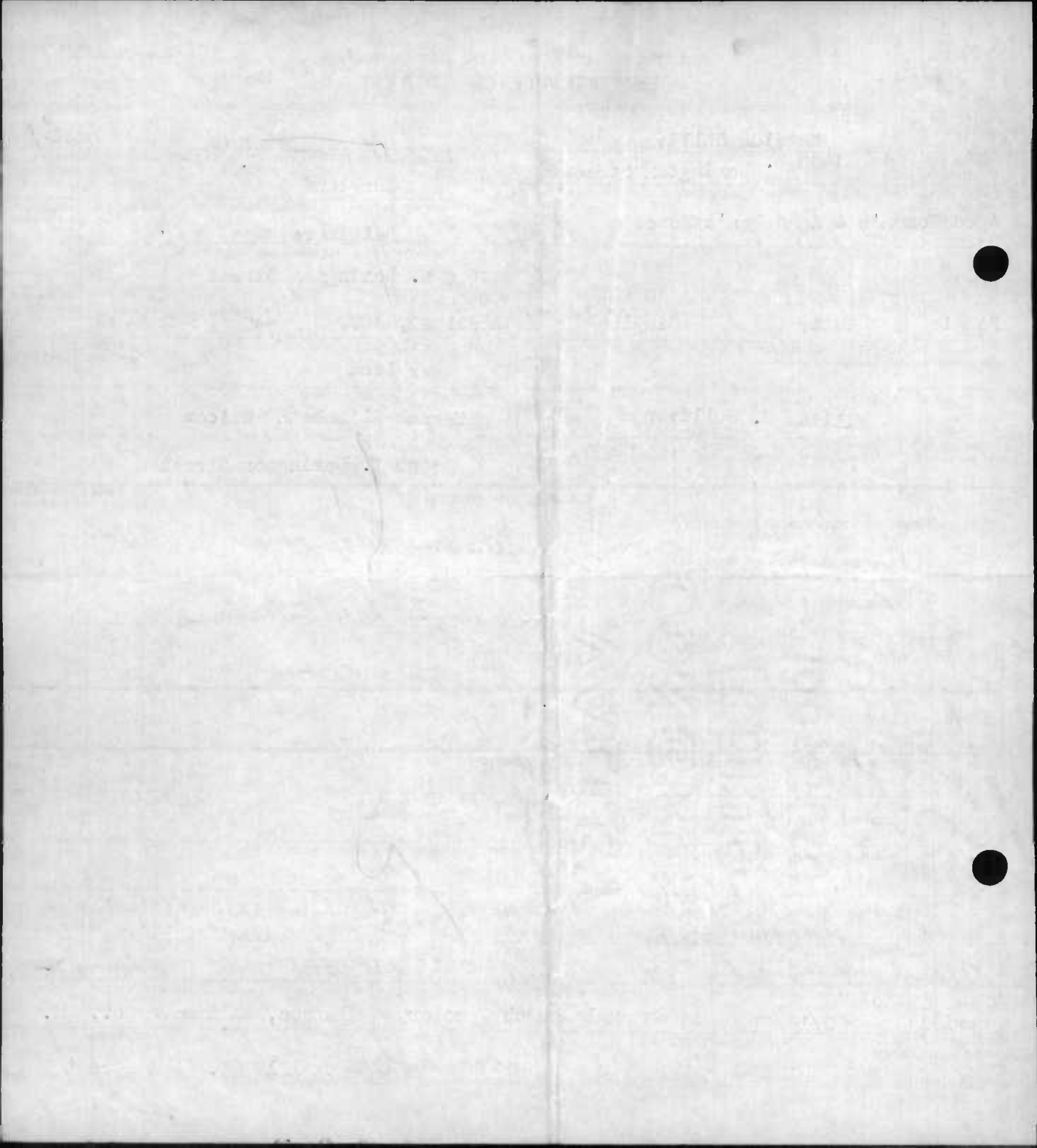
51 1485

Registered No.

1. NAME OF DECEASED (Type or Print) Matilda Sullivan		2. DATE OF DEATH Feb. 12-51	
3. PLACE OF DEATH: 1400 W. Lexington Street A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Aged Women's & Aged Men's Homes		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1400 W. Lexington Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 22, 1872
9. AGE (In years last birthday) 78		10. CITIZEN OF WHAT COUNTRY? 9 21	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William S. Sullivan		14. MOTHER'S MAIDEN NAME Hannah Elizabeth Wilcox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT 1400 W. Lexington Street		ADDRESS	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis (A) DUE TO Antecedent Causes (B) DUE TO Hypertensive Arteriosclerosis C-V-D. (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January , 1941, to February 12, 1951 , that I last saw the deceased alive on February 11, 1951 , and that death occurred at 11:30 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE Newland Edward Day		23B. ADDRESS 4-E-35th St Balto 18	
23C. DATE SIGNED February 15, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/16/51	
24C. NAME OF CEMETERY OR CREMATORY Emanuel Church Cemetery		24D. LOCATION (City, town, or county) (State) Glencoe, Baltimore Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951		REGISTRAR'S SIGNATURE William S. Sullivan	
25. FUNERAL DIRECTOR Wm. Cook Inc.		ADDRESS 1217 St. Paul Street	

VS 150

093d



620
51 1486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1486
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MYRTLE EILEEN PEREGOV			2. DATE OF DEATH 2-14-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-05		
C. Length of stay in Baltimore 63 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1804 BARCLAY ST		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH JULY 25 1887	9. AGE (in years last birthday) 63	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			11. BIRTHPLACE (State or foreign country) MARYLAND		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME THOMAS S ROBERTS			14. MOTHER'S MAIDEN NAME ESTELLE WITTERS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Estelle Witters, 1804 Barclay St.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Hemorrhage - Left middle cerebral. DUE TO (B) Hypertensive Cardiovascular disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 9 da ?
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19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **FEB 5**, 19**51**, to **FEB 14**, 19**51**, that I last saw the deceased alive on **FEB 14**, 19**51**, and that death occurred at **4:07 P** m., from the causes and on the date stated above.

23A. SIGNATURE Alvin Bonfleur	M. D. Union Memorial Hosp.	23B. ADDRESS	23C. DATE SIGNED FEB 14, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/16/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul St.

MEDICAL CERTIFICATION

093d

STATE OF NEW YORK
DEPARTMENT OF HEALTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

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653
51. 1487BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1487

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Melvin Grant

2. DATE
OF
DEATH

2/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Two

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 22, 1951

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mildred Grant

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT (Aunt)

ADDRESS

Charlotte Gray Churchtown Md.

18. 527 2 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute bacterial bronchitis

DUE TO

72 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Laryngeal edema

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/3/51

19B. MAJOR FINDINGS OF OPERATION

Acute laryngeal edema - (trauma)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/51, 1951, to 2/5/51, 1951, that I last saw the
deceased alive on 2/5, 1951, and that death occurred at 8:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Theresa D. Michael

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL FEB 9 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 16 1951

Catherine Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

352 51-02450
51 1488BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1488

BIRTH NO. 51-02450

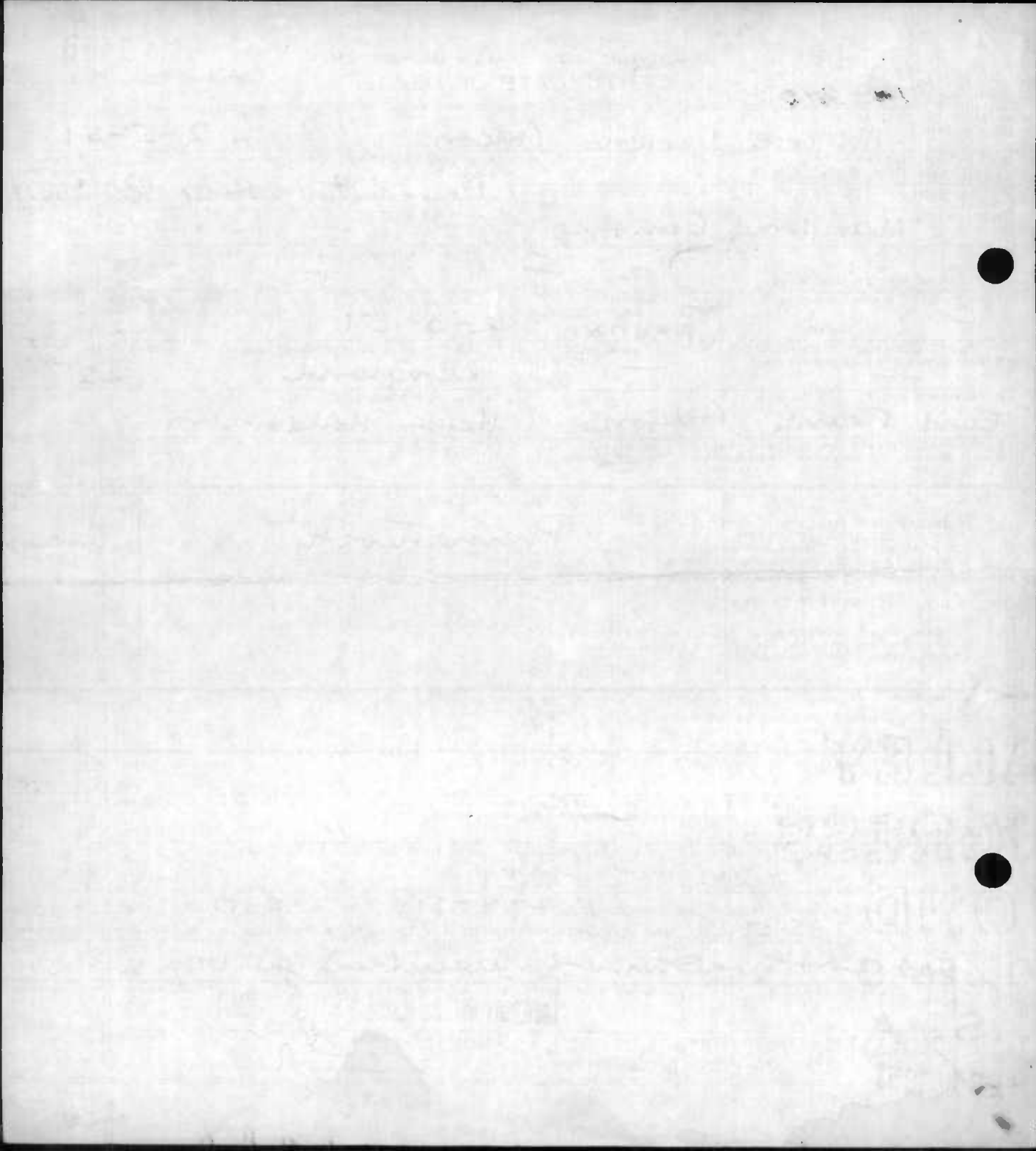
1. NAME OF DECEASED (Type or Print) Marjorie Darlene Adams			2. DATE OF DEATH 2-5-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Flora Britton Home - 32nd Pk B. COUNTY Elkton - Md		
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
6. Length of stay in Baltimore 2 Yrs. None Days			D. STREET ADDRESS (If rural, give location) Cecil Court R. D. 3. 57-34		
5. SEX F	6. COLOR OR RACE W	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Now Born	8. DATE OF BIRTH 2-3-51		9. AGE (In years last birthday) 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US
10B. KIND OF BUSINESS OR INDUSTRY			14. MOTHER'S MAIDEN NAME Helen Henderson		
13. FATHER'S NAME Earl Frank Adams			17. INFORMANT ADDRESS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			

18. 776 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 2 days
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-3-51 , 19__, to 2-5-51 , 19__, that I last saw the deceased alive on 2-5-51 , 19__, and that death occurred at 11 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Donnerstatter		23B. ADDRESS Maryland Gen. Hosp		23C. DATE SIGNED 2-6-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL FEB 7 1951	
25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951		REGISTRAR'S SIGNATURE William M. Williams	

MEDICAL CERTIFICATION



636
51 1489BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1489

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY E. TARTER		2. DATE OF DEATH Feb. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 1113 N. Carey St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1113 N. Carey St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 27, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 69 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Pernell Simpson		14. MOTHER'S MAIDEN NAME Elizabeth Collins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mrs. Etta Rogers		ADDRESS 1113 N. Carey St	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Congestive Heart Failure DUE TO Arteriosclerosis Hyperten-Cardio-Vascular Disease (B) Diabetis Melitus (C)	INTERVAL BETWEEN ONSET AND DEATH ? ? ?
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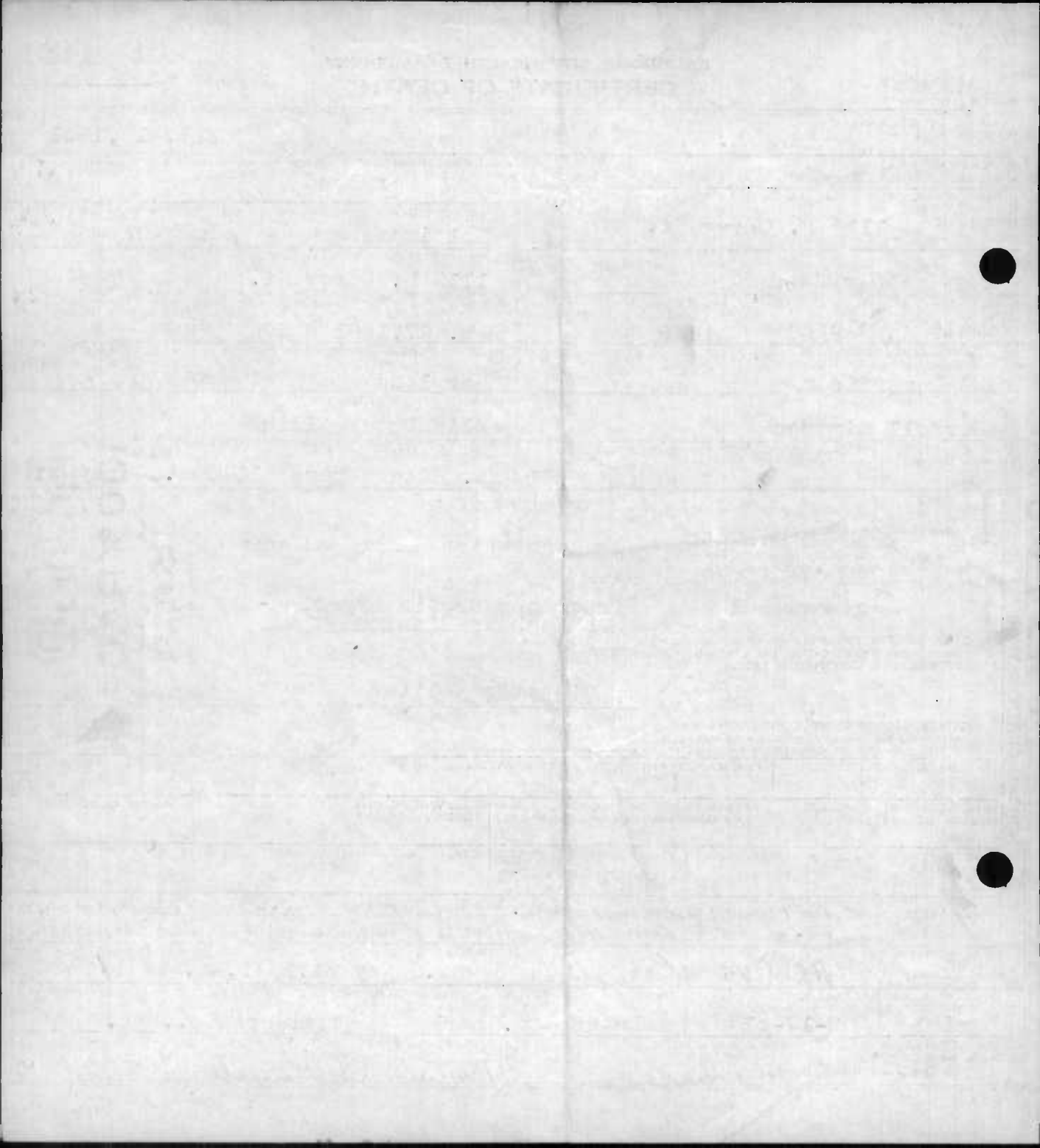
19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) X	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 4**, 19**49**, to **Feb. 13**, 19**51**, that I last saw the deceased alive on **Feb. 12**, 19**51**, and that death occurred at **6 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE George McDonald M. D.	23B. ADDRESS 844 N. Carey St. Balt. Md.	23C. DATE SIGNED 2/15/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-17-51	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.
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DATE RECEIVED BY FEB 16 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Marion W. Hensley	ADDRESS 578 W. Biddle St.
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525
51 1490

51 1490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-03202

1. NAME OF DECEASED (Type or Print) John Dittmar Hansen, Jr. BAAR BAR HANSEN		2. DATE OF DEATH 2-12-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MD. GEN. HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6 27-34	
Length of stay in Baltimore 22 Yrs. 22 Mos. 22 Days		D. STREET ADDRESS (If rural, give location) 3703 Frankford Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-11-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 8 12
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Dittmar Hansen		14. MOTHER'S MAIDEN NAME Jacqueline Norma Simmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother		ADDRESS 3703 Frankford Ave.	

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Premature separation of placenta		(A) DUE TO	
(B) DUE TO Toxemia of mother.		(B) DUE TO	
(C) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ?			

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 11**, 1957, to **Feb 12**, 1957, that I last saw the deceased alive on **Feb 11**, 1957, and that death occurred at **2:00** m., from the causes and on the date stated above.

23A. SIGNATURE William T. Bass	M. D.	23B. ADDRESS MD. Gen. Hosp.	23C. DATE SIGNED 2-12-51
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) FEB 13 1951
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DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951	REGISTRAR'S SIGNATURE William T. Bass	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
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300

51 1491

51 1491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-02630

1. NAME OF DECEASED
(Type or Print)

James Silas Goode, Jr.

2. DATE
OF
DEATH

Feb. 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 5, 1951

9. AGE (In years last birthday) If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Silas Goode

14. MOTHER'S MAIDEN NAME

Mrs Helen Doxie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Helen Goode, 1740 E. Baltimore St. # 31

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Apoplexy

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/9/51, 1951, to 2/9/51, 1951, that I last saw the deceased alive on 2/9/51, 1951, and that death occurred at 12 PM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL FEB 13 1951

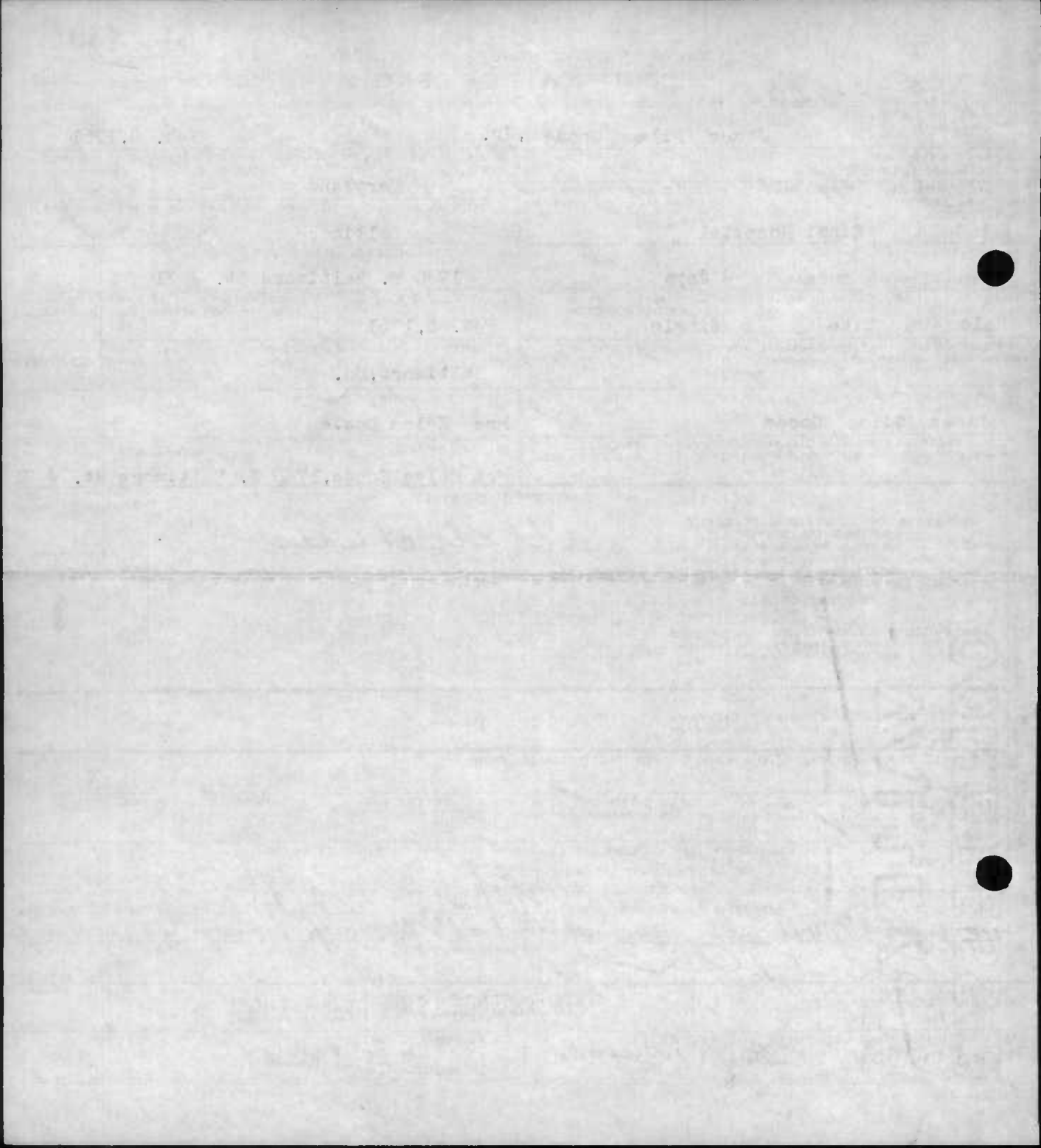
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



236
51 1492
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1492

1. NAME OF DECEASED (Type or Print) ELISE S. WESTERMAN		2. DATE OF DEATH 2/13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. HOSP.		C. CITY OR TOWN SHERWOOD FOREST	
D. STREET ADDRESS (If rural, give location) 164 FRIAR TUCK HILL		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb. 19-1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher - Anne Arundel Co. Md.		11. BIRTHPLACE (State or foreign country) Brownsville Md.	
13. FATHER'S NAME William Schnuffer		14. MOTHER'S MAIDEN NAME Mary West	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. G. Luther Westerman - Sherwood Forest	
17. INFORMANT G. Luther Westerman - Sherwood Forest		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bacteremia (E. Coli) DUE TO INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Retroperitoneal Pelvic Abscess DUE TO Recent abdomino-perineal resection (C) recto-sigmoid resection 6 wks 6 wks			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Dec 1950		19B. MAJOR FINDINGS OF OPERATION C of sigmoid	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 10, 1951 to Feb 13, 1951 that I last saw the deceased alive on Feb 13, 1951 and that death occurred at 4:45 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS Univ. Hosp.	
23C. DATE SIGNED 2/13/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Feb. 16-51	
24C. NAME OF CEMETERY OR CREMATORY St. Marks Cem.		24D. LOCATION (City, town, or county) (State) Petersville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951		REGISTRAR'S SIGNATURE [Signature]	
VS 150		25. FUNERAL DIRECTOR John C. Melly Inc. 2425 E. Oliver St.	

MEDICAL CERTIFICATION

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635
51 1493BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1493

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ROBERT DRYDEN		2. DATE OF DEATH FEB 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL 6		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY 8-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
D. STREET ADDRESS (If rural, give location) 1119 N. MILTON AVE.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-8-83	9. AGE (in years last birthday) 67	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Hopeman Bros.		11. BIRTHPLACE (State or foreign country) Somerset Co. - Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME James F. Dryden		14. MOTHER'S MAIDEN NAME Anna Virginia Dye	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 091-05-8674		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 332X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 days	
ANTECEDENT CAUSES		(B) cerebral arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-8-1951 , to 2-15-1951 , that I last saw the deceased alive on 2-15-1951 , and that death occurred at 2:25 Am., from the causes and on the date stated above.					
23A. SIGNATURE Thomas G. Walsh		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/19/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	
24D. LOCATION (City, town, or county) (State) North Ave. - Rose St. - Balto. Md.		DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951		REGISTRAR'S SIGNATURE John C. Miller	
25. FUNERAL DIRECTOR John C. Miller		ADDRESS 2435 E. Oliver St.			

12-8-83

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423
51 1494BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1494

BIRTH NO.

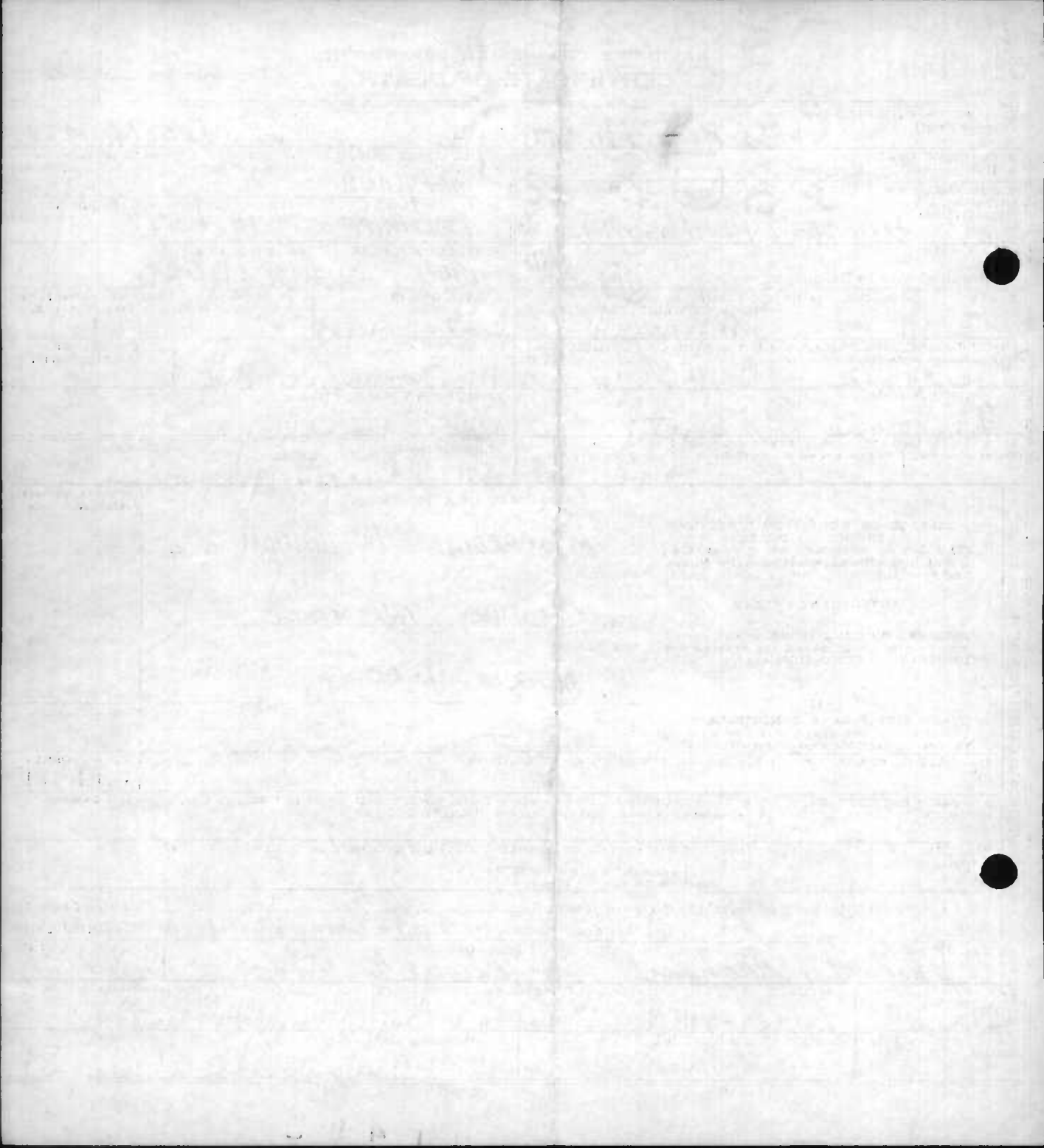
1. NAME OF DECEASED (Type or Print) CLAGETT HUBERT A.			2. DATE OF DEATH FEB. 14 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 27-38		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #14		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1904 SWANSEA ROAD		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4 - 1901	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanics		10B. KIND OF BUSINESS OR INDUSTRY American Oil Co		11. BIRTHPLACE (State or foreign country) Montgomery Co., Md.	
13. FATHER'S NAME Alphonso Clagett		14. MOTHER'S MAIDEN NAME Ellen Traylor		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-01-9489		17. INFORMANT Julia P. Clagett - 1904 Swansea Road	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION DUE TO CORONARY THROMBOSIS ARTERIO SCLEROSIS	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY Stanley H. Duval CHIEF OF ASST. MEDICAL EXAMINER	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **10:00 AM**, from the causes and on the date stated above.

23A. SIGNATURE John F. Strahan M. D.	23B. ADDRESS University Hosp.	23C. DATE SIGNED 2/14/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-17-1951	24C. NAME OF CEMETERY OR CREMATORY Only Redeemer Burial Rd. - Baltimore
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951	REGISTRAR'S SIGNATURE Franklin H. Williams	25. FUNERAL DIRECTOR John D. Miller Inc. 2435 E. Olney St



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51 1495

51 1495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Nettie Gehb</i>			2. DATE OF DEATH <i>2-14-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Univ. Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>27-18</i>		
D. STREET ADDRESS (If rural, give location) <i>3614 Spaulding Ave</i>			5. SEX <i>F</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
8. DATE OF BIRTH			9. AGE (In years last birthday) <i>86</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Germany</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Conrad Benner</i>			14. MOTHER'S MAIDEN NAME <i>Hewreatha Becker</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Nephew</i>			ADDRESS		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Pneumonia - hypostatic + cerebral vascular accident</i> DUE TO (B) <i>cardiac Failure & Fibrillation</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>18 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-27</i> , 19 <i>51</i> to <i>2-14</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-14</i> , 19 <i>51</i> , and that death occurred at <i>5:01</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur H. Hoge</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>2-14-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 16/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR <i>Loring Byers</i>		ADDRESS <i>5005 Park Heights Avenue</i>	

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51 1496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1496

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Lynn H. Jackson</i>		2. DATE OF DEATH <i>Feb 14, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3801 W. Garrison Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3801 W. Garrison Avenue</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-18</i>			
C. Length of stay in Baltimore <i>about</i>		D. STREET ADDRESS (If rural, give location) <i>3801 W. Garrison Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 6, 1885</i>	9. AGE (In years, last birthday) <i>65</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manager</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>More Business</i>		11. BIRTHPLACE (State or foreign country) <i>Middlesex Co., Va.</i>	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		14. MOTHER'S MAIDEN NAME <i>Edith Kelly</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>169-20-1247</i>		17. INFORMANT <i>Mrs. Ethel D. Jackson</i>	
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma head of pancreas.</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		ADDRESS <i>3801 W. Garrison Ave</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>13 mos.</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>1/18/50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma head of pancreas with distant metastases</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 25, 1949</i> , to <i>Feb 14, 1951</i> , that I last saw the deceased alive on <i>Feb 14, 1951</i> , and that death occurred at <i>4:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Milton E. Lorman</i>		23B. ADDRESS <i>4843 Park Heights Ave</i>		23C. DATE SIGNED <i>2.15.51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 17/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>		25. FUNERAL DIRECTOR <i>Erving Byers</i>		ADDRESS <i>5005 N. Light St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1951</i>		REGISTRAR'S SIGNATURE <i>Walter Williams</i>			

MEDICAL CERTIFICATION

2 Transcripts

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 1497

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HAROLD E. TIMMERMAN		2. DATE OF DEATH Feb. 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Tenn. B. COUNTY V-39	
5. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Memphis	
Length of stay in Baltimore 29 days Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 230 Chelsea Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/30/26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	9. AGE (In years last birthday) 24
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Timmerman		14. MOTHER'S MAIDEN NAME ? Wanom	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 413-44-9984	
17. INFORMANT Records- US Marine Hospital, Balto, Md.		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 200.1 Lymphosarcoma, generalized		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C)		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan. 14, 1951 to Feb. 12, 1951 that I last saw the deceased alive on Feb. 12, 1951 and that death occurred at 10 A m., from the causes and on the date stated above.				
23A. SIGNATURE John L. Wilson		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 2/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb-16-51	24C. NAME OF CEMETERY OR CREMATORY St Petrus	24D. LOCATION (City, town, or county) (State) Balti City
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1951		REGISTRAR'S SIGNATURE Wm. Williams, M.D.	25. FUNERAL DIRECTOR Carl B. Robertson

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673 55 403 E 25th St 0552

MEDICAL CERTIFICATION

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320
51 1498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1498

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy Coates

2. DATE
OF
DEATH

Feb 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR PROVIDENT

Length of stay in Baltimore Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 18-01

D. STREET ADDRESS (If rural, give location)
824 Fairmount Ave N.

5. SEX

Fe

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 16, 1911

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Nicholson

14. MOTHER'S MAIDEN NAME

Rebecca Pharaoh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

none

18. ADDRESS
Thos. Coates - 824 Fairmount Ave

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH
(A) Severe Emaciation
DUE TO
(B) Secondary Anemia
DUE TO
(C) Pelvic Carcinoma of Ovarian Origin

INTERVAL BETWEEN ONSET AND DEATH

6 mo

1 yr

1 yr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Lymphedema of Right Leg

4 mo

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-2-51 to 2-14-51, that I last saw the deceased alive on 2-14-51, and that death occurred at 9:59 m., from the causes and on the date stated above.

23A. SIGNATURE
J Mark G... M. D.

23B. ADDRESS
1514 Division St

23C. DATE SIGNED
2-15-51

24A. BURIAL, CREMA- REMOVAL (Specify)

Burial

24B. DATE

2/18/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 16 1951

REGISTRAR'S SIGNATURE

William M...

25. FUNERAL DIRECTOR

Q Habstad

ADDRESS

918 ...

MEDICAL CERTIFICATION

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24th November 1922

Sedimentary Processes

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 1499
Registered No.

BIRTH NO. 50-27960

1. NAME OF DECEASED (Type or Print) LARRY SIMPSON		2. DATE OF DEATH February 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 4-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 304 N. Pine Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant.	8. DATE OF BIRTH 12-13-50
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Infant.		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 2 Months: _____ Days: _____
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Daniel Simpson		14. MOTHER'S MAIDEN NAME Cornelia Sligo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT "D"		ADDRESS 304 Pine St.	

18. 492X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial pneumonitis (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

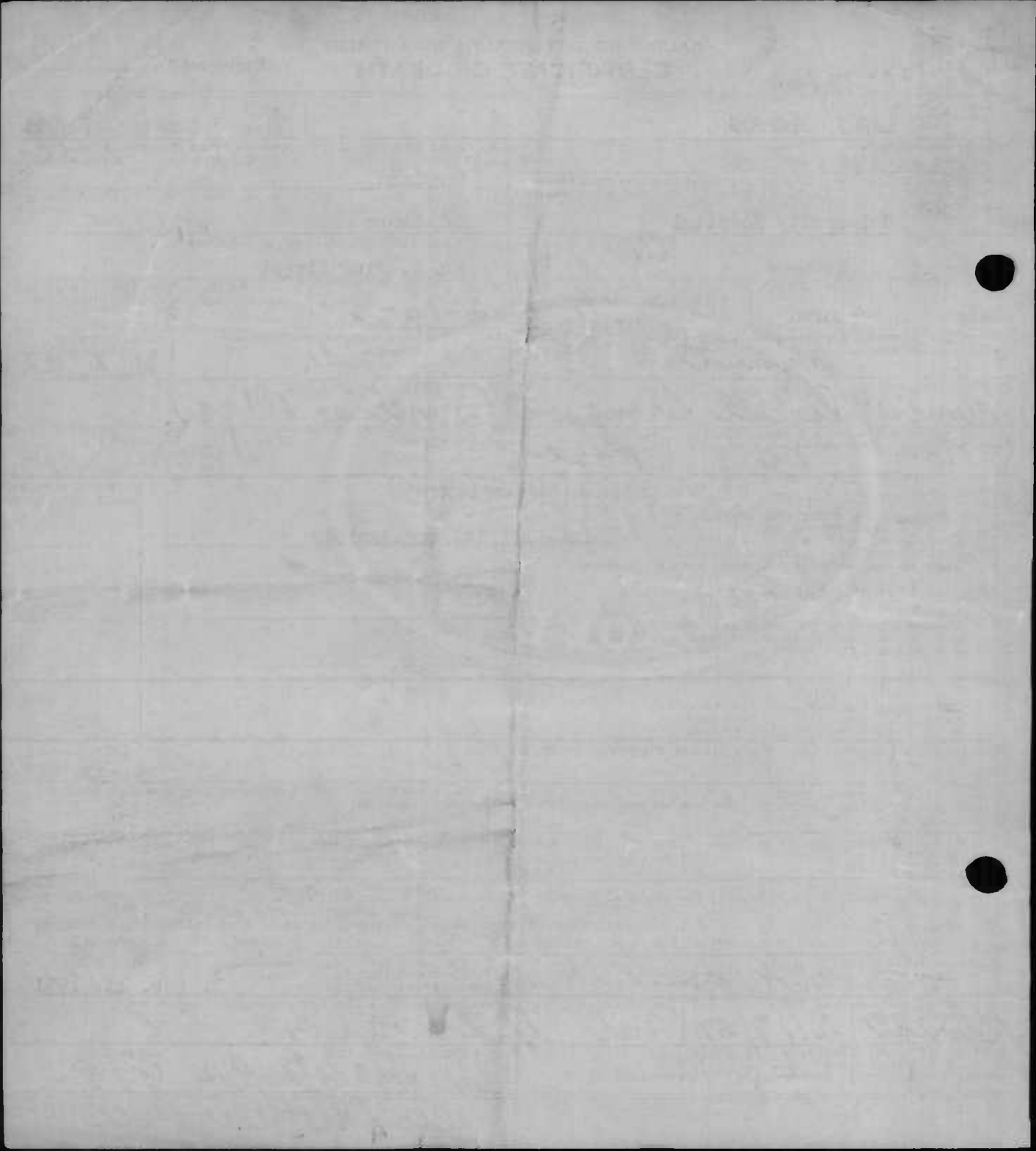
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Duncanson M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **Feb. 14, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **2/17/51** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **FEB 16 1951** REGISTRAR'S SIGNATURE Thurston Williams, M.D. 25. FUNERAL DIRECTOR **W. Halstead** ADDRESS **918-**

109.0 David Hill Ave.



320
1500BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 1500

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Baby Bony Coates</i>			2. DATE OF DEATH <i>February 14, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis</i>		
5. LENGTH OF STAY IN BALTIMORE			D. STREET ADDRESS (If rural, give location) <i>11 Bancroft St., Bay Ridge</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>2-13-51</i>		9. AGE (In years last birthday) <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Wendell M. Coates</i>			14. MOTHER'S MAIDEN NAME <i>Barbara Blake</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
16. SOCIAL SECURITY NO.			ADDRESS		

18. <i>7675</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> CAUSE OF DEATH <i>Military Atelectasis</i> INTERVAL BETWEEN ONSET AND DEATH	(A) DUE TO	(B) DUE TO	(C) DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-13</i> , 19 <i>51</i> , to <i>2-14</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-14</i> , 19 <i>51</i> , and that death occurred at <i>940 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Haskins</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>2/16/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1951</i>		REGISTRAR'S SIGNATURE <i>William M. Williams</i>	25. FUNERAL DIRECTOR <i>John M. Lator & Son Annapolis Md.</i>

MEDICAL CERTIFICATION

TAYLOR

159.0

Handwritten text, possibly a signature or name, appearing in the center of the page.